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The

Cleveland Hospital and Health Survey

Two Years After

SURGEON GENERAL'S OFFICE

The Cleveland Hospital Council
1921-1922
CLEVELAND, OHIO

Acknowledged

The Cleveland Hospital Council

(Incorporated)

PURPOSE: *"To promote the efficiency of, and co-operation between, the various interested hospitals, to the end of better meeting the hospital needs of the community and to do all other things that are necessary and incidental to the proper conduct of the affairs of the Council and its constituent members."*

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OFFICE
602 ELECTRIC BUILDING
CLEVELAND, OHIO

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BY
THE CLEVELAND HOSPITAL COUNCIL

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FOREWORD

THE Hospital and Health Survey was made at the request of the Cleveland Hospital Council. Funds to meet the expense were appropriated by the Community Fund through the Welfare Federation. The special committee appointed to be directly responsible for the Survey selected Dr. Haven Emerson of New York City as director. The staff was organized and began work in November 1919. The findings and recommendations were published in an extensive report, consisting of eleven parts, in December 1920. Many questions have been asked about its need, value and results. This publication is offered as a reply and answer to these inquiries.

Why did Cleveland need such a Survey or, as Dr. Emerson states it, "the luxury of a diagnosis?" Simply because communities are often like individuals. When an individual feels the presence of ill health he usually employs a physician to make a diagnosis. A community diagnosis was invited in this case. A community physician with a staff of consultants was selected "to detect the presence of all factors affecting health and to formulate all practical and economical measures, to decrease disease and increase health." The diagnostic procedures employed were similar to those used by the regular medical practitioner; that is, history taking, physical examination, laboratory analysis.* A course of treatment was prescribed and the physician was requested to explain thoroughly both diagnosis and treatment and to suggest someone to undertake the duty of seeing that the community takes its medicine—to make provision for follow-up and convalescent care. This was the aim of the Survey.

Community Ills

Some rather painful conditions affecting health were revealed but these were not all detected or brought to light by the surveyors unaided. There was no hesitation on the part of the patient in making everything known to the physician. In some instances personal histories were freely confessed. Such concurrent action is essential to a sound community diagnosis.

Examination of the reports makes clear that a very extensive course of treatment was prescribed. But it was not suggested by the physician that all of the medicine be taken at one time. "Were such the case," one observer remarked, "The result would have been like the story of the operation which was successful but from which the patient died." Rational suggestions were made for following up the community's case. Evidently a long period of convalescence was foreseen.

Recommendations

A summary of the more important suggestions and recommendations appears in the second part of this publication, arranged by chapters. They are assembled here largely for purposes of general information and should be helpful in making an acquaintance with the full scope of the program put forth by the Survey staff.

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* Note: The method of making the community diagnosis is more fully explained by Dr. Emerson in Part XI of the Survey.

Reception of the Survey Reports

The Survey reports were on the whole well received locally. Many favorable comments and reviews appeared in medical, hospital and health publications throughout the country. The following comments by eminent persons are most gratifying:

> "The report of the Cleveland Hospital and Health Survey . . . is the most constructive document in the field of preventive medicine that I have ever read."—Dr. Charles W. Eliot, former President of Harvard University.

> "It is the most enlightened and far-sighted action yet undertaken in any community in the United States. It points the way for the guidance of other communities, and it is an example to all as to the kind of constructive effort, based on searching investigation of the factors involved, which must become more or less standard procedure."—Dr. Winford H. Smith, Superintendent of Johns Hopkins Hospital. (*Journal of the American Medical Association, April 16, 1921.*)

> "This series of surveys . . . is certainly the greatest single contribution that has been made to the problem of public health administration."—Dr. C. E. A. Winslow, Yale University.

In spite of some rather sharp criticisms of their work, local public officials have considered the recommendations with respect to public departments on the basis of the good in them and have made efforts to carry out constructive suggestions whenever possible. This is equally true of representatives of private agencies.

Criticisms

Survey methods and reports have not been entirely free from criticism. There have been both general and specific comments of a critical nature. The reports contain some inaccuracies, misstatements and a few errors. A destructive critic appointed to find fault might take these, shut his eyes to the good parts and write a story which might make the community consider the Survey of doubtful value. But this is not the Cleveland way. The Survey is being considered and judged as a whole and from the point of view of the good in it. In our opinion it not only has paid for itself many times over in dollars and cents, but also in increased human values; and, as the years roll by and further steps are taken along the lines suggested, even greater results will be recorded in added days of life, work and happiness.

Results

Progress made in Cleveland by hospital and health agencies, public and private, while the Survey was under way and since its completion is described herein. No attempt has been made to cover every recommendation or step forward. Credit for the Survey is not claimed in all the steps taken or the work accomplished, but credit must be and is cheerfully given for certain definite and far reaching results. The Survey contributed largely in securing the passage of the City Hospital bond issue. The interest of the Survey in the City Hospital training school for nurses was helpful in producing results long before the Survey report was published. Many of the results in hospital reorganization, enumerated in part X, may be attributed to the Survey. In this connection it is pleasant to refer to the comments of several hospital officials that the Survey was of great value to their

hospitals and training schools. The Cuyahoga County Public Health Association and the Central Dispensary Committee of the Hospital Council are direct results. A special tribute is paid to the Survey by Dr. L. W. Childs, Director of Health Education in the Public Schools, who says, "The Survey helped greatly to lift us out of the rut of things and show us the fair land."

New stimulus was given to plans already under contemplation. For example, it is stated that the Hospital and Health Survey came at a time when it proved of special value in assisting to formulate a comprehensive plan for the orthopedic work of the City. A department of nursing education at Western Reserve University had been discussed for a long time before the Survey but it seems fair to say that the Survey actually hastened the beginning of this project by re-emphasizing its need. The Survey has paid for itself in the increased efficiency in the hospitals and dispensaries alone resulting from its recommendations in the confidential reports made to each institution.

Legislative Committee

Dr. Emerson proposes that the Welfare Federation organize a committee of lawyers and public officers of the State Legislature and City Council to consider and act upon the recommendations of the Survey dealing with legislation. Many legislative enactments are suggested and the services of such a committee would be helpful in drafting them in proper form. The need of legislation dealing with taxation and financial relief of the City, however, has been made more apparent by the Survey recommendations calling for expansion of welfare and health services. Instead of dealing with recommendations for new laws which, if enacted, would require more money for administration, it would seem far better that the services of this committee be largely devoted to measures pertaining to financial relief. Other interests are now at work on such constitutional and statutory proposals and the time is opportune for public health and welfare leaders to make themselves known in these movements. It must not be forgotten that Cleveland must have some measure of home rule in taxation as a pre-requisite to enlargement of its health services.

Public Health Services

Many suggestions are made for expansion of health activities of the City government and the Board of Education. At the same time, attention is called to the financial condition of both which will, in all probability, obtain for a long time. In confirmation of the need of additional financial support for enlarged activities, attention should be called to the concluding sentence in Dr. Emerson's discussion (Part I, page 38 of the Survey) as follows:

> "When the program here presented has been carried out, it will be found that, in terms of human lives and happiness, Cleveland has greatly increased vital assets although its financial liabilities may be found to have been increased beyond the point to which communities are now accustomed to spend the money of either the taxpayer or the private contributor."

The appointment of a trained sanitarian as Health Commissioner at a salary of $7500 is recommended. As regards salary, it must be pointed out that the Health Division is part of the Department of Public Welfare,

the director in charge of which does not receive a salary equal to the amount proposed for a Health Commissioner. Such a salary, therefore, seems impossible at this time.

The present Health Commissioner received much of his experience in the health service of this City and is responsible for much of its more recent progress. In our opinion the city has been fortunate in having a Commissioner who so enjoys the confidence of the people at large that he has been retained by three different city administrations.

Correction and Death Rate Comparisons

The revised and corrected mortality table on page 36 gives Cleveland a lower death rate for 1917—14.9 per 1000 population—than did the Survey. The death rate of 12.4 per 1000 population in 1920, the lowest in the twelve largest cities in the United States, and the death rate of 10.5 per 1000 population in 1921, is something for Cleveland to be proud of. A fair measure of credit is due the health officials of our city for these results.

A Program for Child Health

Much has been said about the program for child health set up in Part III and the proposed Child Hygiene Council, with its numerous committees. Dr. Josephine Baker, the author of Part III points out that financial limitations will permit little expansion of the work now being done by the Child Hygiene Bureau of the Division of Health and suggests that some of the activities in this field must be carried on by private philanthropy for the time being. Of far greater consequence, however, is one of the recommended functions of the Child Hygiene Council "to stimulate public opinion so that adequate appropriations will be secured for the municipality for child health work." This is a most excellent suggestion and should be dealt with in light of legislative needs of the city and county as regards financial relief and taxation. It should not be thought of as a suggestion for bringing pressure on an overburdened City Council.

The question has been raised as to what extent the community should go in developing activities for child hygiene. Public Health must be protected but shall child hygiene work be carried on to such a degree outside of its educational possibilities as to include medical and other care of children whose parents may be found able to provide it themselves? For what it might lead to in this respect, the Child Hygiene program suggested has been called socialistic and radical. These criticisms are too severe. Upon the other hand the program in its entirety does seem rather idealistic. It is to be expected that if the Public Health Association undertakes to organize a Child Hygiene Council it will develop a conservative program.

Tuberculosis

Plans for development of tuberculosis work in this community on a large scale seem to be at a standstill. The Division of Health is going ahead as fast as possible with its limited personnel and appropriations. Dr. Armstrong, who prepared the excellent report on tuberculosis with many constructive recommendations, has pointed out the need of the development of the Anti-Tuberculosis League. If Cleveland is to go ahead in this work, there must be some added expression of leadership in the

field of private endeavor either through the League or the Public Health Association.

Venereal Diseases

Perhaps one of the best pieces of work done by the Survey was the splendid report on venereal diseases made by the investigators whose services were contributed by the American Social Hygiene Association. Social hygiene was given added stimulus by developments incidental to the conduct of the war. Cleveland, however, has made relatively little progress since then. As a matter of fact, the clinical out-patient facilities today are less extensive than a year ago. The Health Division is hampered by lack of funds. Only one hospital has hospital facilities for venereal diseases. Educational leadership in this field is needed.

Legislative recommendations made by Mr. Bascomb Johnson, while probably far in advance of organized public opinion, should be considered carefully.

Mental Diseases and Deficiency

Another splendid piece of work appears in the report on mental diseases and deficiency by Dr. Thomas W. Salmon and Dr. J. M. W. Scott of the National Committee for Mental Hygiene. Some progress has been made with the recommendations. The Cleveland and State committees on mental hygiene, however, have real opportunities ahead for public service incidental to carrying out this program.

The recommendations for State legislation came about the time the Legislature was engaged in enacting a measure for the reorganization of the State administrative service. Executive responsibility is the fundamental basis of the civil administrative code enacted at the last session. Boards and commissions were generally abolished. Welfare and health work was centralized in departments under a single cabinet head. Adoption of this policy prevented the enactment of the Survey recommendations calling for a special commission on mental diseases and a bi-partisan state institutional development commission. These should not be forgotten. With changing State administrations, policies will also change, so that the time may come when legislation for a development commission may be opportune. Certain other legislative proposals should receive careful attention now.

Medical Education

One comment in Dr. Emerson's chapter on medical education which has drawn more fire and criticism than perhaps any other is that Western Reserve University Medical School has not "sold itself" to the Cleveland public and that leadership, organization and service are needed with this object in view. The reply made almost instantly to this criticism has been to point to the rapid development of the school along increasingly broader lines in medical education in recent years in spite of some unusual difficulties. There has been leadership on the part of numerous individuals who have given much time, energy, thought and money to the problems of medical education. The Cleveland public have appreciated the spirit and results of this service far better than the Survey understood.

While there is no thought of minimizing the value of Dr. Emerson's recommendations pertaining to the relation of the Medical School to the hospitals, there is a feeling that many of the recommendations concerning the activities of the Medical School were made more from the point of view of public health and social service than from that of medical education.

The New University Medical School and Hospital Group

In giving approval to the erection of the University Medical School and Hospital group on the University site, some interesting comments were made with respect to the relation of the Medical School to City Hospital.

In discussing the University group project in relation to the community, Dr. Emerson points out that it would probably cost upward of $25,000,000 (at 1920 construction costs) for the University to obtain through private means anything approximating the range of material for clinical teaching that will be available and at its service at the enlarged City Hospital.

The Survey was thus aware of the advantages accruing to the public as well as to the University by reason of its connection with City Hospital. At the same time it pointed out the dangers of political control of the institution to continuity of policy and service. As a possible remedy for this, the need of a board of trustees for that institution was emphasized over and over again in the different Survey reports.

"The University owes to the public," says the Survey, "The use of its prestige and influence to get the City Hospital out of politics, if for no other reason than that the sick poor at City Hospital are entitled to as constant and scientific medical service as the University would expect to provide in its own privately controlled institutions."

While giving approval to the plans for the University project substantially as drawn, it was suggested that efforts to secure the removal of City Hospital from the probability of political management be so planned that its accomplishment parallel, if not precede, the group hospital construction.

The erection of the University group is now under way but there is no assurance of reasonably permanent control for this great institution (City Hospital) even under the new City Manager plan of government. The question now being raised concerns the relation of the Medical School to City Hospital during the process of building the new University group and what shall be the relation after its completion.

Nursing

Cleveland is fortunate in having had such a comprehensive nursing survey and report. Attention is called to the activities of the Visiting Nurse Association and the University Public Health Nursing district since this study. The Central Committee on Public Health Nursing has enlarged its membership, authorized the appointment of special committees for research and consideration of special public health nursing problems and accepted the new and enlarged duties recommended by the Survey of co-ordinating all nursing agencies of the city and reviewing plans for new projects. These steps are considered of especial consequence by

the Health Commissioner in relation to the Public Health Nursing service of the Division of Health.

Hospital Training Schools

The study of hospital training schools centered upon "All those factors in the hospital and the training school which are related to the nature and adequacy of the training; the adequacy of service to patients in the hospital was considered only in so far as it bears upon the work of the students." In addition to the results of the field study, which are published in Part IX, confidential reports pertaining to the training schools were made to the officials of each hospital. Notable improvements made since this study are enumerated hereafter.

The outstanding community recommendation is the University School of Nursing. The steps already taken in this direction are described by Miss Carolyn E. Gray of the recently organized Department of Nursing Education of Western Reserve University. The Survey staff realized the element of time necessary in the successful planning and launching of a University school of Nursing and accordingly made numerous recommendations for the improvement of the Cleveland training schools.

Several of these recommendations have been the subject of much discussion, namely; a complete high school education as the minimum educational requirement for admission to a school of nursing and the proposed reduction of the present three year course. The first suggestion is not subscribed to by all the hospitals conducting training schools. It is pointed out that the State law now requires but one year of high school. On the other hand it is interesting to note that one result of the gradual raising of the minimum preliminary educational requirement for admission to training schools up to full high school education or its equivalent has been an increasing number of applicants for admission to the schools of several of the larger Cleveland hospitals. The second suggestion has received many favorable comments and while no reduction in the three year course has as yet been made, the plan is receiving serious consideration in a number of hospitals.

On the whole the nursing report has been very well received. There have been some criticisms of standards of comparison used by the Survey staff in measuring the Cleveland training schools. Exception has also been taken to some of the comments made in the confidential reports as "injudicious" and "based upon insufficient knowledge of all the conditions." However, the nursing survey has been declared by many to have been of great value to the training schools of this City and the surveyors have reason to be proud of the spirit in which it was received and many of its recommendations followed up and carried out.

Hospitals and Dispensaries

Reference should be made to the Survey estimate of additional beds required in Cleveland, which has been the subject of considerable discussion. The fundamental figure which the Survey considers is "the index of the degree of provision of hospital service for community needs" (page 829), 2.8 beds per 1000 population, must be corrected. The correct figure is 3.57 and is obtained by dividing the number of beds Cleveland then had

(1920)—3378—by the population served, estimated by the Survey at 945,000. The Survey figures restated are as follows:

> Cleveland now has 3378 beds, which is 3.57 per 1000 population.
> Cleveland should have 4725 beds, which is five per 1000 population.
> Cleveland therefore needs 1347 more beds, or 1.43 per 1000 population.

The estimate of 1500 new beds, however, may require modification. For the past year there has been a surprisingly low percentage of occupancy of hospital beds in Cleveland. This, of course, is a happy situation, assuming that the people who need hospital care are being reached and cared for. The probabilities are that with the completion of the facilities now under construction at City Hospital (850 beds) and the establishment of a proper working division of labor between that institution, which should primarily care for the sick poor, and the other hospitals, which should supplement the free work of the city and provide part pay and pay facilities in addition, and taking into consideration the development of dispensary facilities, the Survey estimate can be materially reduced.

Dispensaries

A considerable portion of Part X of the Survey is devoted to a discussion of dispensary service, including the proposed downtown dispensary and social service development in hospitals and dispensaries. This report, wich its numerous recommendations, has been the subject of special study by the Dispensary Committee of the Hospital Council. Some of the results of the work of this Committee have been referred to elsewhere in this report.

It is agreed that Cleveland needs more dispensary service as a part of an extension program. Statistics showing increased dispensary service in 1921 are published herein. New extensions are under consideration. There is a feeling, however, that the Survey did not substantiate its statements that—

> "Cleveland's provision of dispensary service is extremely low"
> and that
> "Cleveland ought to have at least three times as much dispensary service as it now has."

While admitting the need for more dispensary service, hospital and dispensary officials do not share the opinion of the Survey that there is a deprivation of adequate medical care to many needy groups in the Cleveland population. It is entirely possible that some needy groups may be deprived of adequate medical service because of ignorance on their part but this deprivation is not necessarily due to an inadequate number of dispensaries. In comparison with Boston, it is undoubtedly true that the dispensary idea among the various racial groups is not as well developed here in Cleveland, which is a comparatively new City. It is not believed that patients are turned away from Cleveland dispensaries or that there are not enough dispensaries in Cleveland and, therefore, people do not come to them.

Comparative figures given in the Survey report as to the number of visits per 100 population in the different cities are not entirely applicable to Cleveland. They are not considered complete or accurate as the basis for

estimating Cleveland's needs because they are not accompanied by similar comparisons as to per capita wealth in the respective cities or by comparisons showing the organization and number of men upon each dispensary staff.

The Survey criticisms with respect to lack of executive control of dispensaries are considered sound and efforts have been made to remedy the defects in a number of institutions. The medical and social service principles of dispensary administration, as set forth by the Survey, have been found helpful.

The proposed central downtown dispensary is still a much discussed subject. The Dispensary Committee agrees that a central downtown emergency hospital and health center are necessary and desirable objects to be attained and should be kept in mind as plans for Cleveland's dispensary service develop.

Activities of the Hospital Council

Attention is called to some of the activities of the Hospital Council, referred to in Part X, which constitute a brief report of some of its work in 1921 and part of 1922. The central collection service is developing even more rapidly than anticipated. The purchasing service of the Council is being utilized more by both hospitals and other institutions. Dr. Babcock recommended that a wider use be made of this service and some of his practical suggestions pertaining to it and other hospital work have been found of value. It is to be regretted, however, that as between purchasing by individual institutions and a central purchasing deparment, he did not give a more enthusiastic endorsement to the latter plan which is rapidly being accepted as a sound business principle in the co-operative hospital field.

ACKNOWLEDGEMENT OF ASSISTANCE

Grateful acknowledgment is made to the following representatives of the hospitals and dispensaries who have been most generous in furnishing information for the compilation of Survey results:

Miss Margaret H. Hope and Dr. H. J. Gerstenberger, of the Babies' Dispensary and Hospital.
Dr. C. H. MacFarland and Dr. C. W. Stone, of City Hospital.
Rev. F. H. Diehm, Superintendent, Fairview Park Hospital.
Mrs. Julia M. White, Superintendent, Glenville Hospital.
Miss Alice Graham, Superintendent, Grace Hospital.
Miss Alma C. Hogle, Superintendent, Huron Road Hospital.
Miss Carolyn Ramer, Superintendent, Lakewood Hospital.
Dr. A. B. Denison, Assistant Director, Lakeside Hospital.
Mr. F. E. Chapman, Director, Mount Sinai Hospital.
Miss Calvina MacDonald, Superintendent, Maternity Hospital.
Dr. Mary C. Goodwin, Provident Hospital.
Miss Mary B. Wilson, Superintendent, Rainbow Hospital.
Sister M. Geraldine, St. Ann's Maternity Hospital.
Sister M. Fulgentia, Dr. George E. Follansbee, St. Alexis Hospital.
Sister M. Amadeus, St. John's Hospital.
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Dr. E. A. Peterson, Director of the Cuyahoga County Public Health Association.
Miss Alpha B. Robbins, Secretary, Association for the Crippled and Disabled.
Mr. James E. Ewers, Director, Humane Society.
Mr. Lawrence Cole, Director, Children's Bureau.
Miss Ruth Stone, Director, Community Betterment Council.
Mr. Robert Hoffmann, Commissioner of Engineering and Construction.

HOWELL WRIGHT, *Executive Secretary*,
Cleveland Hospital Council

Approved by the Board of Trustees,
October 2, 1922.

RECOMMENDATIONS

The recommendations are divided by the Director of the Survey under four headings and discussed briefly in Part I, pages 35–38:

1. Laws (state and local)
2. Existing departments of state and city governments
3. Private agencies
4. New activities

Since there was no uniformity in the grouping of recommendations in the different reports, the following summary has been prepared. It contains an abbreviated list of recommendations, part by part, relatively unimportant details and suggestions having been eliminated. This makes apparent at a glance the full extent of the program prepared and recommended by the Survey Staff.

GENERAL ENVIRONMENT AND SANITATION
PART I.

Housing—Water Supply—Sewage Disposal—Garbage Collection—Street Cleaning—Smoke Prevention

Enactment of the proposed sanitary code into law.

Zoning plan proposed by the City Plan Commission should be supported by all civic agencies and passed by the City Council.

Authority to license and inspect lodging houses should be granted to the Commissioner of Health.

Present methods of collection and disposal of garbage, ashes and rubbish should be improved.

The Sanitary Bureau should seek to eliminate fly-breeding spots.

An ordinance intended to eliminate breeding spots for mosquitoes should be enacted.

Complete East 49th Street pumping station filtration plans.

Prohibit use of water—other than public supply—found to be unfit for human use.

The city should persevere with its present excellent plan for sewage collection, treatment and disposal.

Appropriate $1,000,000 annually for sewer extensions.

More protection against risk of infection from bathing at public beaches.

Commissioner of Smoke Prevention be employed.

Chamber of Commerce and Cleveland Betterment Council resume smoke prevention activities.

PUBLIC HEALTH SERVICES
PART II.

The Division of Health
General Administration

Trained sanitarian as Health Commissioner, salary $7500.

Civil service appointments for entire division.

Bureau of Census' sanitary areas should be utilized.

Regular conferences between commissioner and bureau chiefs.

Advisory board to commissioner to make sanitary rules and regulations.

An assistant commissioner should be appointed to have charge of legal actions taken by the division.

Bureau of Communicable Diseases

Control of communicable diseases of animals.

Employment of a skilled intubator for emergency work in diphtheria.

Bureau of Sanitation

Sufficient personnel to enforce housing regulations and locate all privies, private water supplies and stables.

Bureau of Food and Dairy Inspection

Modify its methods for milk control to make use of the bacterial counts of milk as a basis of exclusion of supplies; require sterilization of containers; discontinue practice of holding milk after pasteurization before bottling; use of standard bottle cap indicating place and date of production or pasteurization of milk and the grade. No milk showing counts of over 500,000 bacteria per cubic centimeter in pasteurized product should be allowed on sale or for distribution.

Field inspectors should be provided with automobiles.

Bureau of Laboratories

Appointment of a full-time chief who should have no inspectorial functions; should determine meningococcus in spinal fluids for type and pneumococcus in sputum for type. Specific antisera and vaccines of proved value should be made available.

Appointment of a committee to study newspaper advertising of medicines and to draft legislation for the dispensing of all medicines.

District Physicians

Appointments should be made after examination for a definite term, with a limit to number of terms on re-appointment.

Special night rotating service; three more physicians needed.

Ambulatory cases excluded from care.

Visiting nurses used as a routine.

Each district physician assigned part-time dispensary work and sanitary inspection work.

Monthly staff meetings; daily reports to central office to be tabulated and analyzed.

Bureau of Vital Statistics

Appointment of a full-time trained statistician as chief.

Complete birth registration should be secured; study morbidity statistics; records of communicable diseases and hospital and Visiting Nurse Association discharge certificates; investigation and research work carried on; compile year-book covering health, social and economic data.

Proposed Institutional Inspection

No child-caring institution should operate without a permit; applicant

should show necessity for and ability to maintain the institution; also compliance with certain equipment and service standards.

The city should inspect and supervise such institutions regularly.

Day Nurseries

Health Division should enforce day nursery ordinance and a trained inspector, under the Bureau of Child Hygiene, should make monthly inspections.

Increase home nursing service to children attending day nurseries through the Health Division and Visiting Nurse Association; vaginal smear of all girls before admission to nurseries.

New Activities

Appointment of a Commissioner of Publicity and Research.

Bureau of Public Health Education.

Bureau of Industrial Hygiene.

Initial medical examinations of all city employes and periodic re-examinations.

Proper organization to enforce the administration of narcotic drug ordinance—No. 48247B.

Inspection of children in parochial schools.

Sixteen health centers.

The coroner system abolished and the system of medical examiners as in existence in Boston and New York, adopted.

Formation of a Cleveland or Cuyahoga County Public Health Association.

Orthopedic Council

The Association for Crippled and Disabled should administer a physiotherapeutic service through an orthopedic center which should include central Brace Shop, information and social service center, vocational training, transportation and artificial limbs fund service and home industries activities, and serve as point of contact of all institutions dealing with cripples.

Beds should be provided for acute orthopedic patients as follows:

Lakeside: 30 children and 20 adults.

Mt. Sinai: 40 children and 20 adults.

St. Luke's: 30 adults and 20 children—in charge of orthopedic specialist.

St. John's: 10 adults and 10 children—orthopedic dispensary established.

City: 30 adults and 30 children—should include isolated beds for orthopedic patients with acute communicable diseases and venereal diseases in the communicable stage—orthopedic dispensary established under direction of an orthopedic specialist.

St. Alexis: 30 for adults—orthopedic dispensary established. Holy Cross Home should increase capacity to provide for orphan cripples of adolescent age.

Rainbow Hospital enlarged to accommodate 300 orthopedic or other patients for convalescent care; present service should be restricted to convalescent care of adolescents and children; patients in the communicable stages of gonorrhea and syphilis and those with open pulmonary tuberculosis be excluded. All nurses' training schools, with no organized training care of orthopedic patients, should be requested to send their nurses for a period of not less than two months each to Rainbow for special training, before or after graduation, in the care of convalescent, brace, plaster, paralytic and chronic tubercular joint cases, etc.

Heart Disease

Principles of prevention of heart disease should be included in teaching of medicine and pediatrics at Western Reserve Medical School.

Special classes for diagnosis and management of heart disease should be organized, at least at the following dispensaries: City Hospital, Lakeside, Mt. Sinai and the proposed central downtown dispensary.

Rainbow Hospital should provide convalescent care for cardiac patients.

Warrensville Infirmary should provide proper care for permanently incapacitated cardiac adults.

The Board of Education should provide for special medical supervision and administrative concessions for cardiac children.

A committee should be formed for the purpose of studying the resources for prevention and relief of heart disease and for developing knowledge of and interest in the use of all means, including education, which may be relied upon to prevent the development of heart disease or postpone its disabling results.

Medical Care of Children in Foster Homes

The Humane Society should employ a medical director as authoritative guide and supervisor of the physical condition and development of all the children entrusted to its care.

A PROGRAM FOR CHILD HEALTH
PART III.

Expansion of Activities of the Bureau of Child Hygiene of the Division of Health

Proposed Organization

For effective child hygiene work in Cleveland, organization providing central control and proper co-ordination is necessary. For this purpose there should be created, as a part of the general health organization of private and public agencies, a central Child Hygiene Council which should work in close co-operation with the Division of Health. This Council should function through a chairman, executive secretary, executive committee and the following committees on Maternity Hospitals, Prenatal Care, Infant Care, Day Nurseries, Children's Institutions, Social Service, Nursing, Dispensaries.

The plan of formation of some of these proposed committees and the functions assigned them are illustrated by the following:

Committee on Prenatal Care

Composed of representatives from the hospitals, Academy of Medicine, Visiting Nurse Association, University Nursing District and the Division of Health.

Maintain and provide proper professional services at maternity centers in specified zones, each zone having one or more centers; services should be free except where moderate fee is warranted. No institution should take patients from zones not under its control except by reference.

Expectant mothers encouraged to attend centers. All cases of delivery should be sent to physician or midwife referring patient to clinic or to hospital responsible for the zone in which patient lives.

Reports, complaints and questions of policy referred to Executive Secretary of Council.

Committee should prepare standard forms and methods which should be adhered to by each clinic.

Provision made for nurse to make necessary home visits.

Committee on Maternity Care

Composed of representatives from each maternity hospital, the Bureau of Child Hygiene and Visiting Nurse Association. The functions of this committee might well be served by the Committee on Prenatal Care.

Maternity Hospitals should assume responsibility for certain zones and care for women free who reside in such zones. Patients registering in advance referred to Prenatal Clinics.

Standard forms of records should be used. After confinement the mother should be referred to health center and record sent to the health center for follow-up in case the mother does not appear.

Extend out-patient service in zones with inadequate hospital facilities.

Extend Visiting Nurse Association to give proper obstetrical nursing for out-patient service in all zones.

Control of Midwifery

Amend regulations so graduates of reputable schools, of recognized standard, which maintain courses of not less than six months duration, may be admitted to practice, after passing state examinations.

Midwives not so qualified should be prosecuted.

Rules and regulations governing the practice should be rigorously enforced; supervision under the Division of Health.

Committee on Infant Care

The Division of Health should extend health centers devoted to preventive work for infants; increase personnel; lists of reported births each day should be furnished each center and such cases visited regularly; general education of mothers in methods of proper care; breast feeding; co-operation with prenatal clinics and maternity hospitals in obtaining histories.

Babies should not be discharged at two years from center; should include care of child of pre-school age. Each center should have a wet nurse registry in co-operation with the Committee on Maternity Care.

School Health Supervision

Necessary facilities for health supervision of children of pre-school age should be provided.

School medical inspection service should be extended to all parochial school children.

All services dealing with health should be co-ordinated.

Suggestions are made for personnel; duties are outlined for school doctors, school nurses and junior health workers.

Emphasis should be placed upon prevention rather than correction of physical defects.

Development of dental clinics, special classes, including open air and nutrition classes, suggestions for the conduct of physical training and health education, sanitation and hygiene of school buildings and class-rooms; better co-operation between the department of buildings and the department of school medical inspection. Suggestions are made for ventilation, regulation of temperature, seating, toilets, drinking facilities, sweeping and dusting, soap and towels.

TUBERCULOSIS
PART IV.

To meet the deficiencies in the Cleveland Tuberculosis Program, it is recommended that the following be done:

Prevent infection by educational campaign; by improved sanitary practices.

Find more early tuberculosis by education; legal measures; expert medical advisory, consultation service on diagnosis and treatment; post-graduate medical training in detection; by providing more nurses.

A post-graduate training course in tuberculosis at the Medical School.

Routine work among infants, in schools and factories.

More adequate treatment by providing 500 additional beds; by improved methods of sanatorium and hospital treatment; by more adequate home nursing care.

Full-time chief and larger force in the Tuberculosis Bureau; adequate financing and staffing of the Anti-Tuberculosis League;

Educational program:

(1) Infection; (2) Disease; (3) Mortality.

VENEREAL DISEASES
PART V.

Methods Recommended for Combating and Controlling Venereal Diseases.

Protecting Individuals From Exposure

Through educational program for purpose of character building; instruction regarding public health and hygiene; co-operation with all civic agencies for education and promotion of social relations; improvement and regulation of amusements; safeguarding and bettering home surroundings; warning regarding specific sources of infection.

Elimination of Environmental Conditions Favoring Dissemination of Venereal Diseases

Elimination of commercialized aspects of prostitution—its advertisement, protection, exploitation. Prevention of solicitation for prostitution and repression of clandestine prostitution in hotels, etc.

Provision and Maintenance of Facilities for Diagnosis, Treatment and Control of Infected Persons

The Academy of Medicine should emphasize to physicians the importance of laboratory aid in diagnosis and call their attention to sociological aspects; co-operation of private physicians in educational and social protective work; co-operation of Bureau of Venereal Diseases with special committee of the Academy.

The Division of Health should establish rules and regulations for standards of procedure, equipment and inspection of laboratories offering facilities having any relation to diagnosis of communicable diseases; serological laboratory be placed on a sound basis of organization with full-time personnel;

Diagnostic clinic be continued, preferably as a part of the central downtown dispensary.

General hospitals change rules of admission; no discrimination against venereal diseases; pay beds made available for gonorrhea and syphilis in any stage.

Hospitals maintaining venereal disease dispensary organize a special department with definite allotment of free, part-pay and pay beds.

Closer co-operation between clinics and City Hospital for care of indigent cases and return to the clinic for after-care.

City Hospital administration improved and supported so that hospital or city politics will not be able to ruin what can and should be the biggest and best venereal disease service in the city.

Publicity given all clinics; new clinics established on west and southwest sides of the city.

Supervision and establishment of minimum requirements by the Division of Health after conference with Committee on Dispensaries. More educational work done in all clinics.

A special bureau with full-time medical officer established in the Division of Health to organize and supervise treatment facilities and education of the

public upon the methods of contraction, control, prevention and treatment of venereal diseases.

New Legislation in shape of amendments to Ohio prostitution laws and the Injunction and Abatement Law.

Sex Education for children, young men and women.

Social hygiene education for parents and leaders of public opinion.

MENTAL DISEASES AND DEFICIENCY
PART VI

1. Legislation

State administration and supervision of the institutional care and treatment of persons with mental diseases, mental deficiency and epilepsy, and of their guardianship in the community.

Establish a special State Commission on Mental Diseases to administer state hospitals for the insane, state institution for the feeble-minded, state hospital for epileptics and the Bureau of Juvenile Research.

Establish a bi-partisan State Institutional Development Commission for the development of state institutions for mental disorders.

Licensing and inspecting private institutions for the care of mental patients.

Remove present restrictions as to number of voluntary patients that can be received in state hospitals.

Commit patients for observation for a period of ten days to state hospitals, psychopathic hospitals and psychopathic wards in general hospitals.

Authorize counties to pay examining physicians salaries instead of fees for their services when mental examinations are made in psychopathic hospitals, psychopathic wards in general hospitals or mental clinics maintaining satisfactory standards.

Authorize the proposed State Commission on Mental Diseases to inspect places for the temporary detention of mentally defective persons and homes and schools in which delinquent or dependent children are maintained.

Require establishment and maintenance of special classes for mentally defective children in every school district in which fifteen or more such children are found.

Develop the Bureau for Juvenile Research so that its original objects may be accomplished, permitting it to receive children for observation before as well as after they are committed to the state institutions or to the custody of the Board of Administration.

Require the Juvenile Court and authorize other courts to maintain mental clinics or make arrangements with other clinics for the routine mental examination of juvenile and adult offenders.

II. Dealing With Departments of State and City Government

A new State Hospital for the Insane, to be constituted by adding a new department in the country to the Cleveland State Hospital and distributing functions between the two departments so that the city department will be used for receiving and intensive treatment center and for acute general and surgical diseases and the new department for patients in good physical condition who require long, continued care.

Training schools for nurses and attendants in all state hospitals and a Supervisor of Nursing in the proposed State Commission on Mental Diseases to supervise and standardize such instruction.

Stewards at State hospitals to relieve superintendents from administrative details.

A new State institution for the feeble-minded to which persons of both sexes and all ages will be admitted and attaching to this and the existing institution colonies for the care and training of boys and men in good physical condition and of relatively high mentality.

Replace present deplorable facilities for the reception, observation, diagnosis and early treatment of mental patients with a modern City Psychopathic Hospital (department) of from 150 to 200 beds with a full-time medical staff and all modern facilities for treatment, including occupational therapy, physiotherapy, hydrotherapy, etc.; provide a dispensary at the hospital; include nursing in the Psychopathic Department in the nursing department of the City Hospital.

Board of Education should provide a greater number of special classes for backward and mentally defective children. Increase compensation of teachers of special classes so that this work will be placed upon a higher professional plane. Develop present psychological clinic into a School Mental Clinic.

Parochial schools encourage formation of special classes for backward and mentally defective children and free use of the School Mental Clinic.

Establish in the Juvenile Court a mental clinic staffed by psychiatrists for routine mental examinations and individual studies of children in the Boys' School, the Girls' Home and the private agencies to which children are sent by the Children's Court for temporary detention or placement.

Replace present system of mental examination in the Probate Court by examination by the staff of the Psychopathic Hospital, such services to be paid for by appropriations or allotments made by the Probate Court to the Department of Public Welfare for this purpose.

III. Dealing With Private Agencies by Groups

The newly organized Committee for Mental Hygiene should receive the support of all those who desire to see the state assume the duties that rightfully belong to it so that local agencies need not continue devoting a large part of their resources to the performance of tasks that arise chiefly from the state's negligence. A strong State Committee for Mental Hygiene, with definite objects and strongly supported by public-spirited citizens, can do more to accomplish these ends than any other type of private agency.

General hospitals should make provision to care for a few mental patients, especially those arising in the hospital in the course of other illnesses.

In the proposed Commission on Mental Diseases, a Bureau of Mental Hygiene should be organized that will have supervision over state mental clinics, after-care, parole and social service work, community supervision of mentally defective and intensive experiments in the prevention of mental diseases and mental deficiency.

A central Psychiatric Institute organized under the Commission for study and research into the causes, nature and treatment and prevention of mental diseases.

A University Psychiatric Clinic of from 40 to 60 beds should be an integral part of Lakeside Hospital for the reception, treatment and study of mental diseases.

INDUSTRIAL MEDICAL SERVICE
PART VII.

Health and Industry

Graduate, registered nurses should be employed in the practice of nursing or in maintenance of the physical welfare of establishment personnel; practical, untrained nurses should be employed only under competent medical or nursing supervision.

Industrial nurses should be granted authority necessary for proper development of their fullest usefulness.

Medication without individual or standing orders of a physician should be prohibited in industrial establishments, as it is in law.

Visiting nursing should be considered a normal function of industrial medical service, to be exercised as required or desirable.

Physicians and not laymen should direct health activities in industrial plants and should have free and direct access to general executives. They

should be selected for professional and executive abilities, with sufficient remuneration, and not be permitted to combine official duties with private practice among the company personnel.

Industrial dispensaries should be furnished with adequate and convenient equipment; cost accounting systems and sufficient clerical personnel to free physicians and nurses for professional service.

Some municipal or co-operative ambulance service should be organized to transport sick and injured from the plants to hospitals.

A co-operative dispensary, under the joint direction of employers and employes, and an industrial hospital should be provided.

Facilities for training industrial physicians and nurses in the Medical School should be provided.

There should be a bureau of Industrial Hygiene in the Division of Health.

Study absenteeism.

Physical examinations a prerequisite to employment, followed by periodic subsequent examinations.

Compulsory physical examination of applicants for positions as operators of public conveyances.

Study problem of abnormal mentality among industrial workers.

Extend dental service; use of services of skilled oculists and of able consultant diagnosticians in connection with suspected cases of tuberculosis.

Interest in educational work directed against venereal disease revived.

Women and Industry

Industrial and other establishments should bring to the attention of employes the health value of suitable working clothing, proper footwear, etc.

Routine physical examination of women as well as men. Guaranteed minimum wage rate.

Elimination of hazards of accident and illness where women are employed.

Elimination of seasonal variations in employment through regularization of work.

Suitable seating facilities; couches.

The Division of Health should maintain careful supervision of laundries with reference to comfort and health of employes.

Co-operation in reduction of hazard of nerve strain for telephone operators.

Night work of women prohibited by law, except in essential public utilities.

Greater publicity to provisions of the laws of the State governing conditions of employment.

The number of women inspectors of the Industrial Commission assigned to the Cleveland district should be increased to make observations more frequently (at least three more).

Children and Industry

The Ohio State Child Labor Law should be amended, forbidding employment of boys before 16 years of age and requiring school and age certificates of all boys under 18 at work.

Health certificates should be required.

The Ohio School Code should be amended to require girls and boys (16 to 18 years of age) to continue school if not employed.

Every health certificate should be issued after a thorough medical examination for the specific job for which application for permit is made.

The employer should specify the exact nature of work.

An age limit of at least 12 years should be placed on agricultural work and domestic science.

The city ordinance regulating street trades should be enforced.

The State Child Labor Law should be enforced; also State school law.

The present organization for medical examination for work certificates should be expanded and working force increased.

Closely related to this there should also be mental examinations for work certificates.

A Junior Vocational Bureau under the Cleveland Board of Education.

EDUCATION AND PRACTICE IN MEDICINE, DENTISTRY AND PHARMACY

PART VIII.

Medicine

New trustees actually engaged in problems of industry, professions and public service should be added to Western Reserve University Medical School Board. Medical School alumni should elect one or more trustees to the Board.

The Medical School buildings should be built to permit convenient contact between faculties of other of the University schools.

The Medical School should maintain present affiliations with Lakeside, Maternity and Babies Dispensary and Hospital, in addition to City Hospital, but discontinue systematic teaching activities with other hospitals.

The new University group be commenced with the Medical School buildings.

The trustees prepare a plan for financial support of each department of the Medical School.

Changes in the City Charter to insure appointment of a board of trustees for City Hospital.

Systematic instruction in problems of preventive medicine included in curriculum, without adding new department or increasing number of hours of instruction.

Establish department for training physicians in industrial medicine, distinct from training for public health administrators.

A department of orthopedics, under the department of surgery, but free to develop its own teaching and research policies, with clinical facilities independent of general surgery.

A department of psychiatry; a department of urology.

Full-time teaching positions for heads of main clinical departments and chief assistants.

The trustees should encourage and support the new undertaking of the medical faculty in the field of medical education for graduate physicians.

The Hospital Council should take an interest in increasing performance of post-mortem examinations.

Patent Medicines

A more aggressive use and increased scope of the Federal Fraud Order Law.

The Cleveland Academy of Medicine should urge a uniform Medical Practice Act between states.

A local bureau should be organized to receive and act on complaints of medical fraud.

Increased inspection and prosecution by the State Medical Board.

Development of the Americanization Committee of The Cleveland Bar Association for co-operation in prosecution.

Extended instruction in the ethics of medical service among medical students.

General health education in popular courses (in a foreign language when necessary) in citizenship classes, industrial plants, churches, community centers, etc.

Fraudulent advertising to be replaced by advertising and general reading matter of good standard, through the assistance and supervision of the Cham-

ber of Commerce, the Cleveland Advertising Club and other civic bodies for the protection and education of the foreign born during his transition from immigrant to citizen.

Dentistry

Measures be taken to obtain such amendments to the State Civil Code as will permit the licensing of dental hygienists; require annual registration of licensed dentists.

College of Dentistry should train dental hygienists.

Sufficient financial support be obtained for the College of Dentistry to provide adequate increase of space, teachers and equipment, a library and freedom from debt on account of obligations to commercial interests.

The Board of Education aim to provide a gradually increasing service which, within the next five years, will put all school children under adequate periodical dental inspection, cleansing and repair. Those responsible for children attending parochial schools institute dental service similar or equivalent to that advised for public schools.

Administration of all public dental school and dispensary services supported by the tax-payers be put under the direction of one competent full-time paid dentist, within the Division of Health or Board of Education.

Dental Surgical Service at City Hospital be increased fourfold.

Dental Surgical Service for out-patients at Mt. Sinai be increased.

The Hospital Council prevail upon at least two other of the privately endowed hospitals to establish out-patient dental service.

A dental surgeon be appointed on the visiting staff of each of the larger general hospitals and a dental intern be provided to carry out such prophylactic and reparative work on patients as their condition permits or requires.

A dentist be provided at Warrensville Infirmary.

Pharmacy

Co-operation of the Academy of Medicine, the Hospital Council, with the Northern Ohio Druggists' Association and the Division of Health, to bring about enforcement of existing laws dealing with presence of registered pharmacists in stores and hospitals.

Amendments to laws prohibiting house-to-house and other kinds of drug selling, restricting drug selling to such stores as have registered pharmacist on premises during business hours; permitting retail druggists to purchase tax-free alcohol.

Suppressing sale of fraudulent proprietary medicines be vigorously supported.

Trustees of the University move as rapidly as practicable in providing greenhouses and plant garden, adequate teaching staff, service to hospitals for testing and manufacturing drugs and chemicals.

Co-operative arrangements for purposes of education and economical buying between the Hospital Council and the School of Pharmacy.

NURSING
PART IX.

A University School of Nursing

Should be established at Western Reserve University on the same academic basis as are the graduate schools of the University and affiliated with several hospitals for training in specified branches of nursing.

Training Schools in Hospitals

Improve present courses of training in training schools; install system of

cost accounting; abandon practice of paying students; pay lecturers; minimum entrance requirement should be completion of high school; affiliate with institutions offering required branches.

Students expecting to enter public health work should be allowed to elect the eight months' course but at least they should be allowed the four months' period of training in the University district.

Dispensaries and social service departments should be utilized; demonstration room and equipment for teaching nursing procedure provided; proper supervision of probationers and also of more advanced students; teach diet in disease; neither day nor night duty should exceed eight hours; night work limited to one month terms, followed by brief vacations; suitable living conditions and opportunities for recreation.

Reduction of present three-year course for all nurses.

Training of colored students at City Hospital.

Division of Health

The various nursing activities of the Division of Health should be developed and expanded, including such work as child hygiene, supervision of midwives, prevention of blindness, supervision of boarding homes for babies and pre-natal nursing.

One Health Center should be set apart as an Extension District for initiating new projects or methods before undertaking them on a city-wide basis.

A director of nurses, responsible to the Commissioner of Health, should be appointed. Nursing services for the bureaus should be performed by the general staff of nurses, proper relations being maintained through consultation by the Director of Nursing and the directors of the bureau. Four assistant supervisors and an office manager should be appointed.

The University Public Health Nursing District

A full-time assistant director should be appointed, who should share the teaching and relieve the Director of part of her routine duties. The Director should devote time to developing the work, increasing facilities and extending the training. Another instructor should be appointed. More students should be enrolled.

The Central Nursing Committee Should Assume the Following Responsibilities:

Co-ordinating all nursing agencies of the city; creation of several subcommittees for research and consideration of special professional problems; a campaign to recruit students for training schools and graduate nurses for public health nursing.

Visiting Nurse Association

The care of the sick should be extended to a larger proportion of the population, especially to persons of small and moderate income.

The full fee for the pay service should be increased to $1.00 to cover the cost of a visit.

Affiliation now existing with Maternity Hospital be discontinued.

Greater efforts be made to reach sick babies and tuberculous patients through the pay service.

The staff should be enlarged to meet these extended activities.

Prenatal Instruction and Nursing Care in the Homes

Clinics maintained under the proposed Obstetrical Council serve the entire city by zones or districts.

Nursing care during confinement be provided (a continuous graduate

staff for deliveries to be provided by the Visiting Nurse Association for this purpose) or by students of the hospitals under the supervision of the Visiting Nurse Association.

Post-partum nursing be provided.

In the University district, the university staff should be substituted, except for attendance at delivery.

In the proposed extension district of the Division of Health, municipal nurses should be substituted, except for attendance at delivery.

Uniform procedure should be established for all districts and observed by all staff.

Board of Education

Staff nurses should be released from assisting doctors with examination of the children and replaced by junior health workers.

In correction of defects, efforts should be concentrated on home visits.

An elementary course of instruction in the principles of teaching should be arranged for the nursing staff.

The present rank of supervisor should be advanced to that of superintendent or director.

The two field nurses should be advanced to rank, title and salary of supervisors, and the number of supervisors increased in the ratio of 1 to every 10 staff nurses. The staff should be increased by 30 nurses. The number of schools under each nurse should be decreased.

HOSPITALS AND DISPENSARIES
PART X

Hospitals

Cleveland needs 1500 more hospital beds—700 should be provided by the City and 800 by private funds. The City should issue $3,500,00 in bonds for hospital purposes.

A State law and City ordinance should be enacted requiring all hospitals and dispensaries to obtain licenses.

Certain definite principles of hospital organization, as laid down by the Survey, should be adapted to hospital management in Cleveland.

There should be wider representation of the medical profession on hospital staffs; a plan of medical staff organization should be adopted by hospitals.

The Welfare Federation should establish expert accountant service for the hospitals.

County aid to hospitals or subsidy for hospital service should be adopted only as a temporary expedient.

Cleveland should deal with the convalescent problem as a unit and not on the present piecemeal basis.

Cleveland should have 300 beds for chronic cases at Warrensville. The social service departments of the hospitals should be developed to assist in the care of chronics in their homes.

Cleveland Hospital Council should engage a credit investigator to investigate economic status of undetermined cases in smaller hospitals.

Classified wage and time schedule should be adopted by the hospitals.

Wider use should be made of the Hospital Council purchasing facilities by hospitals and other institutions.

A warehouse system should be established.

The Hospital Council should employ a buyer of pharmaceutical supplies and co-operate with the School of Pharmacy of Western Reserve University in the manufacture and purchase of such supplies.

A central repair department should be established for smaller hospitals, together with a central surgical instrument repair shop.

A central sewing and gauze room should be established.

Installation of labor-saving devices.

Better fire protection and systematic fire insurance.

Health tests for employes; testing of milk supply, testing of water supply; rigid attention to ventilation.

Community Hospital and Dispensary Planning

The following expansions were approved by the Survey:

The project of Lakeside Hospital to move from its present site near East Twelfth Street and Lakeside Avenue to the University, enlarging its capacity from 289 beds to 500 beds. In connection with this is to be mentioned the desire to move Maternity Hospital to the same area and to enlarge it to 100 beds, as a part of the University Hospital group; and, the building of a hospital of 150 beds for babies and children, as part of the same group. The total for the group is 750 beds, making a net increase over present provisions in the same group of institutions of 400 beds.

The project of St. Luke's, to move from its present site on Carnegie Avenue to Ambler Heights, and to enlarge from its present capacity of 139 beds to 300 beds, a net addition of 161 beds, or, if the present hospital were retained and used for an enlarged dispensary and an industrial hospital of perhaps 100 beds, a net addition of about 250 beds.

The project of Huron Road Hospital to move from its present site on Huron Road to Ansel Road and Wade Park, enlarging its present capacity of 84 beds to 250 beds, a net addition of 166 beds.

The plan of Lutheran Hospital to enlarge from 50 to 100 beds has already been put before the public in a campaign for the needed funds.

Reports with recommendations were made by the Survey to the trustees of each hospital.

Ambulance Service

The police patrol wagons should be replaced by ambulances for use in emergency work, and the use of police patrol wagons for ambulance transportation should be discontinued as rapidly as possible.

The policemen assigned to ambulance service should be required to pass a thorough course in first aid, consisting of both theory and practice.

At least two more ambulances should be provided at City Hospital to be used for transportation of contagious cases from all parts of the city to the City Hospital and for transferring cases to and from Warrensville Infirmary and Sanatorium.

Twenty-four hour service should be provided by City Hospital for transportation of contagious cases.

Hospitals of over 200 beds should provide their own ambulance service, smaller hospitals combining with one another under the Hospital Council to provide such service. The larger hospitals also might find it advantageous to come into such a joint scheme.

The hospitals and public health agencies should discontinue the use of undertakers' invalid carriages for ambulance service.

Dispensary Needs

Creation of a central Dispensary Committee which should be an expert advisory and planning body, serving to improve dispensary standards and administration of the several institutions; to work out the larger problems of policy and inter-relation, and to serve also as an advisory body for the Welfare Federation, as the Hospital Council now does.

1. More work to be done.

2. Better executive direction through the assignment of a definite officer to be in charge of the dispensary, under the superintendent.

3. Representation of the out-patient department so as to secure better recognition of it by the hospital authorities.

4. Paid assistants for the medical staff (social workers, nurses, clerks) so as to relieve the physicians of non-medical drudgery and improve the grade of service to patients.

5. Better records, which would largely be accomplished by the assistants just mentioned.

6. Better plants and equipment.

Central downtown dispensary to include clinics for industrial surgery; health center of the Division of Health; mental hygiene clinic; general medical clinic, and other special clinics.

Public Health Dispensaries

Co-ordination between publicly and privately supported public health clinics; infant hygiene work should include children up to six years of age.

The division line between the sick and the well child should be extended a little in favor of the sick child. Extension of services to examination of the supposedly well, adults and children.

Additional Dispensaries

An increase in the amount of dispensary service for the people of Cleveland is as greatly needed as is an improvement in the quality of service now offered. It may be expected that the work of existing dispensaries will increase considerably as more attention is paid to their needs, and better support is provided. But no increase in the work of the six present institutions can obviate the necessity of at least the following additional dispensaries:

The City Hospital Out-Patient Department is already provided for in the tentative plans for the enlarged City Hospital. It should be one of the major dispensaries of the city.

St. John's Hospital should, as soon as possible, develop a good-sized out-patient department for the benefit both of the hospital and of the west side area which it especially serves, and which now has no dispensary.

When the re-organization and development at St. Alexis Hospital have been worked out under the new advisory committee, the establishment of a well-equipped out-patient department should be undertaken and this need should be borne in mind by the committee, even in the formulation of its plans for the immediate future.

The establishment of an out-patient department, now being built by Fairview Park Hospital, is approved, although this dispensary will probably remain small and its work restricted largely to certain types of cases, particularly surgical, corresponding to the work of the hospital.

The same would probably be true of similar out-patient departments that might well grow up in connection with other hospitals of the same type in the same section of the city, such as Grace Hospital or Lutheran.

The plans for the re-location of Lakeside Hospital imply a new dispensary, attached to its new plant. This should be another of the few major dispensaries.

The proposed new plant of St. Luke's Hospital will require a dispensary, unless the present buildings or parts thereof are retained as an industrial hospital, and a dispensary be operated in connection therewith. The latter plan is recommended.

It is not believed that the proposed new plant of Huron Road Hospital on Ansel Road will require a dispensary for some years to come; but Huron Road might with advantage have at least a medical affiliation with the proposed central downtown dispensary.

A new dispensary will be needed downtown, at least as soon as Lakeside and Huron Road move out, and meanwhile, certain services for the downtown area need immediate development.

RESULTS

GENERAL ENVIRONMENT AND SANITATION

PART I.

Housing—Water Supply—Sewage Disposal—Garbage Collection—Street Cleaning—Smoke Prevention

The Sanitary Code which was under consideration for several years before the Survey took place has been enacted into law. Under this authority, many of the conditions mentioned concerning lodging houses of the cheaper class no longer prevail. All lodging houses are now licensed and must comply with certain sanitary regulations.

During the past year, the Health Commissioner has kept in close touch with the progress being made in the preparation of the zoning ordinance for submission to the City Council. It has been completed in tentative form and is now under consideration by the Council. It represents several years of study and work.

Water Supply

The Health Division has advocated the continuance of a system of sanitary control of water supply which has existed for some years. All sources of water supply in Cleveland are given careful attention. Park springs and other springs which exist in the city are under constant supervision with bacteriological analyses and whenever bacterial or sanitary standards indicate, the springs are promptly ordered closed. The same may be said of wells also. The exact location of all wells in the city is not at present known. The list is being compiled as rapidly as possible and the water supply from such wells examined as to its fitness for consumption. The Health Commissioner has been greatly concerned with the contamination and pollution of the raw water supply as taken in from Lake Erie for distribution to the city. Chlorination as a remedy has been constantly employed but has its limitations. The Health Commissioner continually emphasises the fact that the early completion of Baldwin reservoir and the filtration project for the east side, together with the operation of the nearly finished sewage disposal plant near the White City, are the most needed to check-mate a possible epidemic of water borne diseases in Cleveland.

Progress has been made toward providing filtered water for the entire city.

The construction of a large reservoir at Baldwin avenue is under way and is designed to act as a receiving reservoir for filtered water. The large filters are being planned and it is contemplated will soon be under construction. These filters are to be located adjacent to the Baldwin reservoir and will receive the raw water which will be conducted through large mains now being laid from the existing pumping station at East 49th Street.

A large section of the city now obtains filtered water from the filters

located near West 45th Street adjacent to the Division Avenue pumping station.

When the proposed filter plant at Baldwin reservoir is completed the entire city will be supplied with filtered water.

Sewage Disposal

The Sanitary Code is very explicit in requiring the use of sewers whenever available for the disposal of sewage. A carefully checked list of all privy vaults is kept by the Health Division and new vaults are established only where sewer connections are impossible and in each case the construction and maintenance of such vaults must come up to specified sanitary standards. A recent enumeration showed 1592 on the list, almost all in two districts. Elimination of these will be required as fast as adjoining streets are sewered. There are 186,000 families in Cleveland. The number of vaults, therefore, seems relatively small.

Flies and Mosquitoes

Since passage of the Sanitary Code, very definite steps have been taken to prevent access of flies to materials which aid in disseminating disease. Sanitary officers in 1921 succeeded in having 1367 out of 1592 known privy vaults in Cleveland screened against flies. It has been stated that flies breed mostly in the neighborhood of barns and cow stables. The Commissioner emphasizes the point that flies also breed wherever garbage is accessable and that the control of garbage in properly covered receptacles, as well as a proper system of disposal, is essential in eliminating fly breeding spots. Adequate legislation already exists to prevent the occurance of stagnant surface-water likely to become the breeding place of mosquitoes.

Sewage Disposal

Within the present year the sewage disposal plant at West 58th Street on the shore of Lake Erie has been completed and is now in operation.

A second disposal plant was placed in operation at East 140th Street on the shore of Lake Erie providing for the screening of the sewage and discharging same into a submerged outlet one-half mile out in the lake.

Provisions are still to be made for the disinfection of the sewage, and it is contemplated that the apparatus required for the disinfection will be installed this coming winter. This plant at the present time is not treating the sewage to the extent of the treatment at the West 58th Street plant but is in accordance with permission given by the Ohio State Department of Health.

There is still need for the construction of the southerly sewage disposal plant, to be located near the bank of Cuyahoga River in the vicinity of East 71st Street and the Ohio Canal. The City Council has authorized a vote to be taken this coming election on an issue of bonds in the sum of three million dollars to be used for sewage disposal purposes. It is proposed that the southerly sewage treatment plant will be built by means of this fund, providing the issuance of bonds receives a favorable vote.

Bathing at Public Beaches

The question of sewage disposal relates very particularly to the subject of bathing beaches along the lake front, and while the control of such beaches and the bathhouses connected there-with is at present lodged with the Department of Parks and Public Buildings, the Division of Health in co-operation with the Park Department has attempted from time to time to improve conditions at these beaches. During the summer of 1921 in an experimental way only, an attempt was made to use liquid chlorine for disinfecting the water at one of the beaches where the lake water was not subject to rapid changing currents. The attempt, however, was not very satisfactory as bacteriological tests failed to show much improvement in the water after treatment and the same bacteriological tests served to prove very conclusively that the water is badly contaminated with intestinal bacteria. It is not unusual to find among the few cases of typhoid fever reported, some which seem directly related to bathing in Lake Erie along the water front in Cleveland. The early completion of the sewage disposal program which includes the treatment by chlorine of sewage will serve to remove to some extent the danger of bathing in lake water.

Collection and Disposal of Garbage and Rubbish

The study and survey made at the request of the Director of Public Service by Mr. I. S. Osborne, (Page 75, Part II) to determine what steps should be taken to remedy and improve conditions of collection and disposal of garbage, ashes and rubbish, was completed last year and placed in the the hands of the city administration. It covers the various means necessary for collection, delivery and disposal of ashes, rubbish and garbage with recommendations. It is considered an excellent piece of work and has been given careful consideration by the last and present administration. Many of the recommendations which call for large expenditures for plant and equipment cannot be carried out at this time because of the city's financial condition. The present administration is seriously concerned with the problems incidental to this housekeeping service and is making every effort to build up an efficient organization for the regular and systematic collection of rubbish, ashes and garbage. The garbage collection service is hampered at this time by serious labor complications.

Soot-Fall Study—Smoke Prevention

The Community Betterment Council employed the James H. Herron Co., consulting engineers, to continue the Soot-Fall Study as begun by the Survey organization in June, 1920. The results for the period July to December, 1920, are as follows:

Deposit in Tons for Square Mile per Year

	Station 1 Huron Rd. Hospital	Station 2 Babies Dispensary	Station 3 St. Alexis Hospital	Station 4 Mt. Sinai Hospital
Total Deposit	1431.67	903.36	1084.13	353.47
Tar	30.01	19.20	19.09	10.27
Fixed Carbon	431.51	347.83	356.09	114.79
Ash	970.15	536.33	708.95	228.41
Iron Oxide (Fe_2O_3) in Deposit	267.13	198.94	183.72	71.47

This study further verifies Dr. Emerson's statement that Cleveland enjoys an amazingly—and one would be tempted to say an intolerably—polluted air all the year around. This condition can be abated and controlled.

Following this study, the Women's City Club under the advice and direction of the Community Betterment Council, has undertaken a Smoke Abatement Campaign. The new smoke commissioner who is considered an active and agressive official, has given hearty co-operation. Some excellent results have already been obtained. The following figures give some idea of the work undertaken.

Total number of stacks complained of	274
Number assigned to investigators	130
Number of reports completed and action secured	69
Number of obseryations and measurements on above stacks	326

The 69 cases finally reported are some of the largest business concerns in Cleveland as well as the greatest violators of the smoke ordinance. They have agreed to make changes or installations to correct this nuisance. Arrests were made in three cases before action was secured to get abatement.

PUBLIC HEALTH SERVICES
PART II.

Division of Health

The fulfilment of many of the Survey recommendations pertaining to the Division of Health has been delayed because of inadequate city revenue. For example, it is generally recognized that the medium of public health education is an absolute necessity for effectiveness in public health work. The City charter provides for an organization for this definite purpose. On numerous occasions the budget request of the Health Division has contained provisions for public health education. Appropriations, however, for this purpose have been sadly lacking. Primarily for the same reason much remains to be done to protect individual workers against health hazards, to furnish medical inspection services for the children of parochial schools, as well as other services for children of pre-school age and for expectant mothers. For financial reasons a Bureau of Industrial Hygiene and educational health centers are out of the question. The health of children in institutions can only be superficially supervised for the same reason.

The City Council frequently cuts the budget request for health services. In 1921 the Division requested $570,709. In actual appropriations it received $481,000. In 1922 the request was for $506,629. It actually received $467,299. An appropriation of at least $750,000 per annum would be needed to properly organize the Division of Health, to carry on actively its present service and to undertake the new activities recommended. Nevertheless many of the more important recommendations have been acted upon since the completion of the Survey.

Bureau of Communicable Diseases

Many of the criticisms of this bureau were actually in the process of correction before the Survey was published. Others were held up pending passage of the Sanitary Code.

Dr. G. W. Morehouse, appointed chief of the bureau in April, 1920, has systematized the methods of handling communicable diseases and under his supervision there has been published a manual of procedure entitled "Regulation for the Control of Communicable Diseases." This pamphlet has been placed in the hands of all Cleveland physicians and all employes of the division. Its use is resulting in better team work and better communicable disease control.

Since March, 1920, public health nurses have been definitely charged with the duty of maintaining quarantine in communicable diseases and only in cases of small pox are sanitary officers used, except when police power is needed.

District Physicians

The Health Commissioner does not agree with the Survey that district physicians should be appointed for a definite term of service with a limitation to the number of terms permitted on re-appointment. It is felt that the organization of the Health Division under the charter is such as to make it more appropriate to employ district physicians properly supervised in a graded promotional service with no limitation as to re-appointment. It is agreed that a larger number of district physicians is needed. Were funds available for this purpose, some of the Survey recommendations with respect to night services and other duties of district physicians could be carried out.

Re-Districting

At the time the Survey was under way, the United States census for 1920 was not available and re-districting of the city had been withheld awaiting such figures. These have since been obtained, following the sanitary areas of the city and the city has been re-districted on the basis of multiples of such areas. Further than this the changes made have served to make all districts with the exception of the University District of a size more nearly equal in population. The average size of a district in population January 1, 1922, was approximately 110,000.

Bureau of Sanitation

It is felt that many of the criticisms of this bureau can be met by pointing to the passage of the Sanitary Code and to the increasing amount of sanitary inspection which has been accomplished since that period. Shortly after the passage of the Sanitary Code, the entire corps of sanitary officers was called together weekly and a school of instruction established on the sanitary code as a text. Quizzes were held by the Commissioner and each officer was required to attend these meetings. The entire Sanitary Code as well as the Tenement Code were covered and these schools are to be con-

tinued from time to time to take care of any new appointments on the staff. Officers were also informed that before their annual vacations would take place, there must be a record of having accomplished certain sanitary duties among which was the warning or arrest of ten careless spitters by each officer.

Bureau of Vital Statistics

There has been marked improvement in vital statistics as kept by this bureau since the Survey report. The bureau had been reorganized to some extent before the completion of the Survey and new employes were just becoming educated to the work. These employes have now become experienced and the class of work being done is excellent. The more important vital statistics are now available at the close of each month and the annual figures have been compiled with more dispatch than heretofore.

Deaths under two years are checked against prior birth records for one month out of every three. Periodic checks of children under two are made by subdistricts to detect the percentage of un-reported births. An insufficient staff makes complete checks of this kind impossible at this time.

Birth registration in the City of Cleveland for 1919 was estimated by Dr. Dublin in the Survey as from 60 to 80 per cent.

The Cuyahoga County Public Health Association, in its statistical bulletin for September, 1922, (Vol. 1, No. 5) says "A study of the correlation of births recorded in 1919 and the 1920 census of the infant population permits a higher estimate (80—100 per cent)."

The Coroner

The Coroner is a county officer. The office cannot be abolished except by the State Legislature. A study of this office was made by the Criminal Justice Survey which also recommended abolition. While there are certain practical political difficulties to be taken into consideration, it is likely that the next Legislature will be asked to enact laws on this subject as recommended by the Criminal Justice Survey.

Corrected Death Rates for 1917

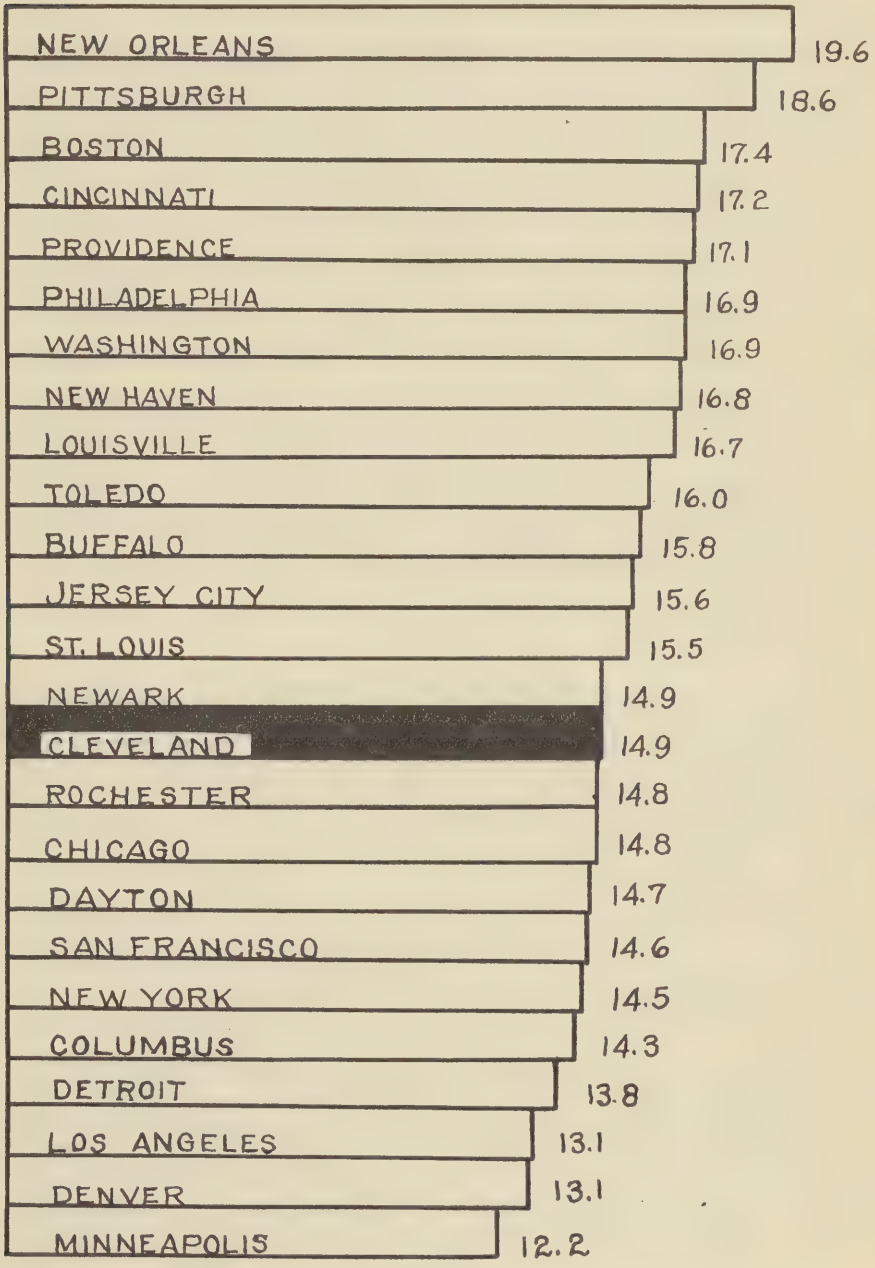
The death rate chart, appearing on page 120 of Part II, of the Survey, has been corrected with the aid of the 1920 census figures. It shows death rates per 1000 population estimated for the year 1917 and was prepared by Dr. Henry F. Vaughan, Health Commissioner of the City of Detroit.

In commenting upon the death rate chart published in Part II, the Health Commissioner has called attention to the fact that in 1919, the year the Survey was made, Cleveland's death rate compared very favorably with cities of similar size throughout the United States, being 12.7. For the year 1920, the death rate—using the census figures—was the lowest of the twelve largest American cities; namely, 12.4. The year 1921 registered the lowest death rate ever reported in Cleveland; namely, 10.5 per 1000 people.

CORRECTION

Page 120 PART TWO
Cleveland Hospital and
Health Survey.

Death rates for 1917 in U. S cities re-computed from more accurate population figures made possible by the 1920 census.



PRIVATE HEALTH AGENCIES
PART II.

The Cuyahoga County Public Health Association

The Cuyahoga County Public Health Association has been formed for the purpose of:

Co-ordinating, through councils, the work of existing private health agencies.

Furnishing common services to the private health agencies and to any others which may want them.

Providing that research which will make present health work most efficient, discover unmet health needs of the community and promote organization for meeting them.

Planning private health work so that an adequate health program for Cuyahoga County may be most quickly gained and that other great health agencies (The Division of Health, The Public Schools and the Doctors) may be helped in their work.

Study is now being made of the private health agencies. A common statistical service has been established and has published four pamphlets on Vital Statistics essential to all health workers. A six weeks course on Vital Statistics was conducted and those in charge of Vital Statistics in several private agencies and several official agencies, fifteen in all, took the course. A reference library on Health is being developed. Health publicity demanded by many of the agencies was conducted by the Association and pamphlets on "Diphtheria and its Prevention" were distributed to both private and parochial schools and one on "Cancer and its Prevention" to adults.

New organizations to carry on definite campaigns were promoted. They were (1) Milk for Health Campaign; (2) Cancer Week; (3) Sanitary Soda Fountain Campaign; (4) Summer Milk Booth Campaign. All of these organizations used the facilities of the Health Association's office, thereby minimizing expense. Organization is completed for careful study of the "Place of private health work in Cuyahoga County" and it is firmly believed that duplication and overlapping in health work will soon diminish.

ASSOCIATION FOR THE CRIPPLED AND DISABLED

The Association for the Crippled and Disabled, as suggested in the Survey, has assumed responsibility for insuring the adequate care of the crippled in Cleveland.

The Association has also established an Orthopedic Center following closely on the lines laid down in the Survey. This center, located at 2233 East 55th Street, includes at present two buildings, a main office building and a brace shop, which house the following activities:

1. The Social Service Department, which does the general social case work for the organization and is responsible for insuring that all

needs of the individual Clients of the Association are adequately met. Its activities include the following:

(a) Securing expert medical diagnosis; making possible the treatment indicated; doing the medical follow-up work.

(b) Furnishing artificial limbs, braces, orthopedic shoes, etc.

(c) Furnishing transportation for clients of the Association to and from hospitals and dispensaries.

(d) Providing recreation and offering vacation opportunities.

2. The Sunbeam Training School and Work Room of the Association for the Crippled and Disabled, which is a training school and sewing shop for crippled and disabled girls and women who are not able to work under ordinary industrial conditions.

3. The Home Industries Department of The Association for the Crippled and Disabled which provides work, and thus, diversion and income for men and women who are so badly disabled as to be house-bound.

4. The Physiotherapy Department of The Association for the Crippled and Disabled which provides home treatment for children who are unable to attend the regular physiotherapy clinics and makes a study of the facilities offered in the city for physiotherapy and for corrective exercises.

5. The Committee on the Welfare of Cripples in Institutions of The Association for the Crippled and Disabled, which is endeavoring to improve the conditions in the wards for the crippled at the Warrensville Infirmary through the furnishing of employment and recreation and through general social service.

6. The Committee on Co-operation With the Public Schools of The Association for the Crippled and Disabled, which makes a study of the requirements of the crippled children in the schools. It has addressed itself particularly to the furthering of the projects for the new special school for crippled children which is now under construction.

7. The Employment Department for the Handicapped of The Association for the Crippled and Disabled, which is responsible for the placement at suitable employment of crippled and disabled men and women.

8. The State Bureau of Industrial Rehabilitation which works in close co-operation with The Association for the Crippled and Disabled and which provides vocational training for those who are in any way physically disabled.

9. The Rainbow Hospital Town Office.

10. The Sunbeam Shop of The Association for the Crippled and Disabled which is the salesroom for all products of the Sunbeam Training School, the Home Industries Department and the Occupational Shop at Warrensville.

11. The Orthopedic Center Brace Shop which manufactures orthopedic braces and similar appliances. This brace shop was formerly located at Lakeside Hospital but served the various hospitals, dispensaries, private physicians, etc., of the city.

At the present time, through the provision of factory space especially designed for the purpose, the service has been greatly improved. It is the object of the brace shop to supply the brace needs of the city at the lowest possible cost, to make deliveries in the shortest time possible, and to develop as far as may be the art of brace making.

The Association has made some headway in working out a program for the social service follow-up work of orthopedic cases, attempting to avoid unnecessary duplication among hospital social service departments, public school workers, etc. It is the policy of the Association itself to do only such medical social service follow-up work as is not taken care of by the social service departments of the various hospitals having charge of the individual cases.

Orthopedic Clinics have been established in connection with St. Alexis, St. Luke's and St. Vincent's hospitals. At City Hospital an orthopedic specialist has been added to the staff to supervise the care of orthopedic cases and an orthopedic department is to be included in the new City Hospital Dispensary when organized.

Lakeside Dispensary has inaugurated a physiotherapy department and a limited amount of this work is also being done at St. Vincent's.

The Babies' Dispensary and Hospital has given up the physiotherapy work formerly done. At the present time cases are referred by them to The Association for the Crippled and Disabled and instead of only general supervision given these cases by an orthopedist as formerly, each case is now put under the care of an orthopedist before treatments are begun.

Rainbow Hospital has severed its affiliation with Lakeside Hospital and receives patients from all the hospital services throughout the city and the Rainbow medical staff is composed of the heads of the orthopedic departments in the various general hospitals.

The Public Schools have greatly enlarged their work for the crippled children. An effort is made to record all crippled children in the schools. Motor busses have supplanted the old horse-drawn busses for the conveyance of crippled children to the special school. Home teachers are provided for house-bound children of normal mentality. A new special school which will be as nearly as possible a model of its kind is in process of erection and will be ready for use during the coming year.

The school has added to its staff of physiotherapy workers and now has four persons engaged in this type of work. Children attending the special cripple school are given physiotherapy treatments at the school under doctors' orders. Children who have been transferred from the special school to the regular schools but still need physiotherapy treatments are given these treatments in their respective schools. Great headway has been made in bringing all crippled children needing medical attention under the care of private orthopedists or under dispensary care. Where necessary, transportation is afforded by the school to dispensaries, hospitals, etc.

The Orthopedic Council, the personnel of which is made up of orthopedic surgeons, functions as a professional advisory board.

A Cleveland Chapter of the American Physiotherapy Association has been established. The membership is made up of qualifying physiother-

apists and the object of the organization is to raise the standard of those engaging in this type of work and to afford an opportunity for further study and conference as to methods and results.

In accordance with the recommendations of the Hospital and Health Survey, the Rotary Club of Cleveland, instead of developing a separate undertaking, is working in close co-operation with the agencies already at work on the problem of the crippled. The Rotary Club has become a component member of the Association for the Crippled and Disabled and through this organization has made numerous valuable contributions to the work throughout the city. The Rotary Club now contemplates employing a worker who will function through the Association in work with the crippled children in the County and plans to conduct, in the early Fall, a County Survey for the location of all crippled children needing special services.

The Young Women's Christian Association has added to its department of physical education a department of corrective gymnastics.

A PROGRAM FOR CHILD HEALTH
PART III.

The Survey praises four great features of the Cleveland Child Caring Program:

1. The prenatal and maternity services for expectant mothers, originating in the work of the Maternity Hospital and now shared in by other hospital and nursing agencies.

2. The Babies' Dispensary which serves the whole city in the diagnosis and treatment of the ills of infancy.

3. The prophylactic baby health stations of the Division of Health, which serve by teaching mothers how to keep well babies well.

4. The system of school medical inspection, under the Board of Education.

It says "A creditable infant mortality rate and a widespread public interest in the necessity for correction of physical defects and the resources for maintaining children's health are the logical results of these activities. However, there are many gaps in the continuity of an effective health program for children." There is not only lack of co-ordination in the work of the agencies but in many instances there are insufficient equipment and personnel to meet existing needs.

To provide central control and proper co-ordination the Survey has suggested creation of a Child Hygiene Council. This step has not yet been taken. It is expected however, that this will be one of the important undertakings of the Cuyahoga County Public Health Association next year. The Children's Bureau which was organized partly as a result of the health and children's Surveys has acted as a functional agency for the entire children's group. Acting through a special committee composed of representatives of each child-caring agency, it has endeavored to act as the com-

mittee on children's institutions recommended in the set-up of the Child Hygiene Council.

This committee has adopted a program of minimum standards on mental and dental care in institutions, including such items as a complete medical examination for each child before admission and periodic re-examinations every six months. Especial emphasis has been placed on nutritional work and proper diets. Another development has been a closer working relationship with the dispensary whereby every child before admission to health institution or boarding home is given a complete physical examination.

The Children's Bureau representing all the children's agencies has requested for 1923 an appropriation large enough to centralize a children's clinic in connection with Lakeside Dispensary for purposes of medical examination and consultation services.

Bureau of Child Hygiene

It is suggested by the Survey that the proposed Child Hygiene Council "stimulate public opinion to obtain adequate appropriations for child health work under the Division of Health." This is largely the key to the whole situation. The bureau cannot expand its services further without financial aid but is accomplishing very excellent results, as the Survey has pointed out.

Among the activities of this bureau, which should be referred to here, is the work of prevention of infant blindness in which an attempt is being made to follow the high standards set by the National Association; the supervision of midwives; investigation of boarding homes, in co-operation with the Humane Society, before licenses are granted by the State; inspection and approval of maternity hospitals before licensing by the State; and licensing of day nurseries.

Birth registration in Cleveland has been greatly improved by reason of the efforts of the Chief of this bureau.

The opinion has been expressed by officials of the Division of Health that provision for medical inspection of children in parochial schools is probably the first great need at the present time in child hygiene work when the number of children concerned is considered.

Medical Care of Children in Foster Homes

This subject is discussed in Part III and Part X, of the Survey, as well as Part II, but it seems proper to refer to it under the heading "Private Health Agencies." A medical director has not been appointed by the Humane Society because of lack of funds. At present the medical work is being done at the Babies' Dispensary and other dispensaries as formerly. The children under three years of age are taken to the Babies' Dispensary for examination and treatment and the older children to the other dispensaries. The Babies' Dispensary has arranged a special morning clinic three mornings a week for Humane Society children. This has proven to be a decided advantage.

School Health Supervision

In speaking of the Survey in its relation to the Division of Medical

Inspection of the Board of Education of the Cleveland schools, Dr. L. W. Childs says, "The Survey brought home to us that efficient school health supervision is reflected not in the number of defects corrected or in the number of physical examinations made, but in safe-guarding the pupils and in keeping them in good health."

While many of the recommendations cannot be carried out because of inadequate appropriations, the following steps have been taken:

Before the Survey was completed the medical record card was completely changed to conform to the Survey suggestion;

Medical examiners have been increased from 21 to 25 or one examiner for about 4000 pupils;

An oculist has been added and serves as a consultant in trachoma cases;

The number of school nurses has been increased to 37, there being one nurse to each 2600 children;

All recommendations pertaining to physical examinations and sanitary supervision have been fully carried out.

Health conferences are being held regularly and printed notices with faulty health habits checked are being sent to the parents, and a corresponding notice sent to the pupils' teacher.

With the co-operation of the Cleveland Nutrition Clinic, five nutrition classes are being maintained.

Duties of School Nurses

Every elementary school is visited daily by either doctor or nurses. All children who have been absent from school three days or more are inspected. If absence was caused by contagious disease a certificate from the Department of Health is demanded. School consultations with parents are held in cases where the children's physical conditions need readjusting. Health conferences with individual pupils and groups of pupils are held and followed so far as possible by visits to the homes. Every effort is made to see that the child receives appropriate treatment in all instances where physical defects are found. Routine inspection of all children in class rooms is made at least once a month. At frequent intervals nurses hold conferences with teachers regarding individual pupils.

Dental Clinics

Two dental clinics were added in 1920–1921. An addition of six was provided for in the 1921–22 budget but a retrenchment policy made it necessary to reduce the total number to eight. With 110 schools in the system, one dentist for each four schools will of course be inadequate. The advent of the dental hygienests should change this situation.

Open-Air Classes

New impetus was given this work by the Survey. At present there are 19 open air class rooms. The Superintendent of Schools has recommended that 25 per cent of the rooms in the new buildings to be erected shall be

provided with equipment that will enable them to be used as fresh air rooms. This recommendation has been approved by the Board as a part of the new building program.

The standards covering the type of children to be admitted to the open air classes are the same as those recommended by the Survey.

Scales for weighing and measuring in all elementary schools have been purchased at the suggestion of the Survey. Feeling the need of more frequent examinations and a closer supervision of weighing the pupils in the open air classes and changing weights, a supervisor who has had training in tuberculosis work has been placed in charge of these classes. As a result of his work, more children are being admitted to these classes and more are being returned in better condition of health to the regular school rooms.

Ventilation

The Survey pointed out that proper ventilation of class rooms is a most important single feature of school hygiene. In this matter there has been closer co-operation between the department of buildings and the department of medical inspection. With the co-operation of the building department the following notice was issued in September, 1921, by the Superintendent of the building:

> "Weather conditions permitting, windows may be opened in mechanically heated school-rooms provided that they are opened in like manner in all of the class-rooms in the building at the same time."

The procedure has been as follows: At the tap of the bell, all of the windows and doors in the building are thrown open by monitors for a period of three minutes, the children rising and facing the open windows. During the first minute, foul air is allowed to blow out of the room. During the succeeding two minutes, physical exercises are taken after which the pupils are seated. This plan of periodical ventilation has been tried out in many places and whenever any one principal has started, she has found it so satisfactory that she follows it in the future.

Attendance Department

The Survey recommendations are being followed out as closely as time and budget stringency will permit. An especially competent examiner whose examinations are of a high order has been secured for the examination of children seeking working permits. A trained oculist has also been placed in close touch with all the examiners and instructs them in the problems that are daily confronting them in the care of the children's eyes.

TUBERCULOSIS
PART IV.

The Division of Health

Upon the completion of Part IV of the Survey, the (tuberculosis) recommendations were taken up by the physicians who are connected with the tuberculosis work in the Division of Health. This group felt the need

of a steering committee to act upon recommendations and suggested that such a committee be appointed by the Academy of Medicine. The committee has been appointed and is known as the Tuberculosis Commission. While its function is purely advisory, it should serve a very useful purpose in helping to direct attention to the necessity of community action with respect to prevention and treatment of tuberculosis and in carrying out the recommendations, most of which are considered appropriate and timely.

The financial condition of the city makes it impossible to provide for a full time chief for the Bureau of Tuberculosis and for a larger administrative and professional staff. It seems likely therefore, that much of the work that logically belongs in this division may have to be done by private agencies. The Anti-Tuberculosis League, the adequate financing and staffing of which was recommended by the Survey, has not yet expanded in either personnel or program to meet the current tuberculosis situation in Cleveland.

Progress

The Division of Health has made progress in spite of financial limitations. The work concerning suppression of spitting which was criticised by the Survey, has been carried on. During 1921 sanitary officers dealt with 433 careless spitters and posted 266 warning signs.

Efforts towards segregation of dangerous consumptives at both City Hospital and Warrensville have been made.

Institutional care of flagrantly careless cases of tuberculosis has been insisted upon. Great difficulty is experienced in keeping such cases in institutions after they are once placed there.

A consistent plan has been followed to secure better reporting of cases by doctors. As evidence of improvement in this direction only 16.66 per cent of fatal cases of tuberculosis in 1921 were unreported before death.

Need for Additional Institutional Beds

The Survey emphasized the need for additional beds for tuberculosis at City Hospital and Warrensville. Only a portion of the $450,000 bond issue voted in 1917 will be available for this purpose. Recognizing the need, however, for immediate relief in the matter of beds for children, plans have been drawn up providing for a replacement of the wooden structures now in use for children at Warrensville with modern fire-proof buildings and the re-assignment from a quota of thirty beds for children to a 100 bed plan, 40 beds of which are to be located in the new administration building. The exact amount of money available for this purpose is dependent upon the balance available after the City Hospital construction has been completed.

Post-Graduate Work in Tuberculosis

Through the efforts of the Tuberculosis Commission, consent of the Medical School has been secured for a course in tuberculosis in the post-graduate school which course was given this year.

VENEREAL DISEASES
PART V.

Facilities in Cleveland in 1920 for the control of venereal diseases, generally speaking, were declared by the Survey to be as satisfactory as those in more advanced cities throughout the United States. The city shared in the increased concern given this serious problem during the war and two clinics were established by the Division of Health, with the aid of War Board funds, for the diagnosis and treatment of venereal diseases. An amendment to the Hughes Health law, passed by the General Assembly, empowered the health departments to establish clinics for the free treatment of venereal diseases.

The one at Fairview Park Hospital was operated continuously until December 1921 but discontinued then on account of lack of funds. The other clinic has operated continuously, concerning itself largely with diagnosis. Numerous cases have been sent there from the courts for the purpose of determining whether or not the individuals under arrest were infectious from a venereal standpoint. When the case proves infectious it has been customary to arrange for treatment at City Hospital or the Warrensville workhouse.

The serological laboratory of the Division of Health is now operating with full time personnel, handling about 10,000 specimens a year. The Health Commissioner agrees with the Survey in the necessity of rules and regulations governing standards of procedure and equipment and inspection of laboratories offering facilities that have any relation to the diagnosis of communicable diseases, also rules and regulations governing dispensaries.

If the Division is to supervise venereal disease work in this community, a larger staff is needed but this is impossible at the present time. Conferences are being held for the purpose of securing closer co-operation between private clinics and the City Hospital, as well as the Division of Health. Better reporting of venereal diseases on the part of the medical profession is to be expected as soon as definite procedure on the part of the Division of Health is set up and put in force.

City Hospital is still the only institution providing beds for venereal cases.

The night clinic at Lakeside Hospital, which was organized in 1916, with services other than venereal disease, has now become practically a venereal disease clinic, differing from the day clinic merely in the fact that a charge is made for this service.

There was considerable opposition on the part of the medical profession and about a year ago it was decided by the hospital (not primarily as the result of the Survey) that the organization of this night clinic was far from satisfactory. The Hospital invited the Academy of Medicine to appoint a committee to investigate the situation and make recommendations as to the type of night clinic which should be set up. This is one of the few instances of this kind of co-operation between a private institution and an organized medical body such as the Academy of Medicine in an attempt to meet such a situation. In accordance with recommendations of the committee, the clinic has been organized for the treatment of venereal

diseases, only limited to the acute stages. The plan contemplates the clinic shall be self supporting, the fees charged to be determined by comparison with the cost of operation.

MENTAL DISEASES AND DEFICIENCY
PART VI.

State

A special committee on Mental Hygiene was appointed during the summer of 1922 by the President of the Ohio State Medical Association to promulgate and co-ordinate measures affecting state institutions or state policies dealing with problems of mental hygiene.

Appropriations by the Eighty-Fourth General Assembly

Feeble-Minded: Real progress in providing additional facilities for the feeble-minded has been made through the funds now available under H. B. 301 and S. B. 263. These funds are:

Under House Bill 301	
*Land for new institution	$200,000.00
Land for present institution	14,000.00
Buildings for present institution (reappropriation)	373,517.60
Equipment and other capital outlay	145,212.20
Under Senate Bill 263	
Buildings	$201,500.00
Equipment, etc.	39,000.00
Total specific appropriations	$973,229.80

In addition, such part of $2,556,700 as may be determined by the director of public welfare and approved by the controlling board which is composed of the governor, auditor of state, and the chairman of the senate and house finance committees, also the attorney general.

Bureau of Juvenile Research: Coincident with the appointment of a legislative committee to investigate the bureau of juvenile research and without waiting for its report, the Legislature fixed the appropriations for the bureau with the evident intent of forcing a reorganization. The appropriations allowed amounted to $4000 per year for director's salary, $25,000 per year for staff salaries, and $9800 for equipment and other capital outlay.

The Cleveland Mental Hygiene Committee

The activities of this committee since January 1922 indicate progress being made along educational lines:

Distributed 1400 copies of Board of Administration Report on the needs of State Institutions; 150 marked copies of the Summary of the Cincinnati Mental Hygiene Survey and 100 copies of the "Mental Handicap of the Dependent Child."

* Unfortunately no land has as yet been purchased for this purpose, in spite of the urgent need.

Conducted an active Educational and Publicity Campaign for the purchase of land for the Institution for Feeble-Minded, by the State government.

Co-ordinated the local committee with the State and National Committees for Mental Hygiene.

Urged the Trustees to accept the offer of the National Committee for Mental Hygiene of $400,000 to endow in Western Reserve Medical School a department of Mental and Nervous Diseases.

Members of the Committee have taken an active part in the development of the new City Psychopathic Hospital, the Children's Aid Society, purchase of land and developments at the State Hospital, (an 1100 acre tract has just been purchased at Grafton, Ohio, to be utilized for a new institution for the insane) the training of social workers in the field of psychiatry, and the problem of training nurses and psychiatric social workers.

City

The observation and treatment of mental cases in Cleveland at present is deplorable. The State Hospital is filled to overflowing and can receive comparatively few patients. The former building used for housing mental cases at City Hospital has been demolished. Temporary quarters for housing mental and observation patients have been provided in an adjoining building. These accommodations provide for a total of 57 new cases—35 male—22 female. Proper segregation of different types of mental disorder is not possible in these temporary quarters. At present the admissions to this department are confined to those cases recommended by Probate Court.

The County jail frequently contains many patients with mental disturbances whom the Court is unable to send either to the State Hospital or the City Hospital because there are no vacancies in either institution.

Thus there is no provision for the care of a mental case unless it is ordered by the Probate Court, or unless such patient be cared for in a private sanitarium. Some relief is forthcoming however, at the City Hospital in a new Psychopathic department now under construction and which will provide for 168 patients. It is anticipated that this building will be ready to receive patients sometime during the latter part of 1922. This new Psychopathic Hospital has been planned to provide a thoroughly modern type of treatment for mental disorders and an experienced resident neuropsychiatrist is provided for the new institution, also a dispensary for mental cases. It is expected that a social service worker will be appointed for the dispensary.

Nursing care of the patients will be provided by experienced graduate nurses and pupil nurses of the City Hospital nurses' training school. Affiliations with other nurses' training schools in the city have been provided to give to the pupil nurses of these schools special instruction and experience in mental nursing.

The Children's Aid Society of Cleveland has recently opened an institution at present providing 40 beds, but capable of expanding to 100 beds. This institution is to devote itself "to the study, treatment and, where necessary, temporary care of mentally retarded, psychopathic and

neurotic children." The institution occupies several acres of land; has separate buildings for dormitory, hospital and gymnasium; has a visiting staff composed of a psychiatrist, psychologist, pediatrician, orthopedist, dentist and eye, ear, nose and throat man; and has a psychiatrist as a medical director.

One of the general hospitals in the city is considering providing suitable facilities for the care of 25 mental cases in connection with their new hospital. These beds will be for the care of pay and part pay patients. Additional facilities for the care of patients will be secured by a colony located in the country, capable of accommodating 100 or more patients. This colony will be under the direct control and supervision of the general hospital.

Western Reserve University and Lakeside Hospital have prepared plans for a University Psychiatric Clinic of 50 beds as an integral part of Lakeside Hospital.

Board of Education

The number of classes for mentally defective children is now seventy-seven. This will be increased three for next year, making eighty in all. Over-age classes with a special supervisor in charge are being added for children who are not mentally defective but too slow to keep up with the regular classes.

The psychological clinic is widening its scope of work, as far as possible.

Classes have been organized this last year, for "exceptionally bright" children. The work for the correction of speech defects and for "exceptionally bright" children is very closely correlated with the psychological work.

INDUSTRIAL MEDICAL SERVICE
PART VII.

Health and Industry

Dr. Wade Wright's report with recommendations on Industrial Medical Service has been made the subject of special consideration by a committee representing the Cleveland Society of Industrial Physicians. This step was taken at the request of the dispensary committee of the Hospital Council, representatives of which attended a meeting of the Society and participated in a general discussion. It is felt that much can be accomplished by co-operation between these two organizations, first, to bring about better working relations between the industrial physicians and existing hospitals and dispensaries; second, to promote further interest and lay plans for carrying out some of the Survey recommendations. A special committee of the society has already made a tentative report to its membership. It is expected that a decision will be made in the near future as to what definite lines of activity shall be followed.

Occupational Diseases

The Wenner Bill (Sub. H. B.-47) was enacted by the Eighty-fourth Assembly and requires the state Industrial Commission, after July 1, 1921, to fix the premium rates for all industries, as based upon payrolls, so as

to provide an adequate fund for compensating occupational diseases. This fund is to be maintained until July 14, 1924, when all occupations are to be classified according to disease hazards and a premium established that will maintain the occupational disease fund from year to year. A penalty is provided for Ohio physicians who visit patients suffering with an occupational disease and fail to notify the Industrial Commission within 48 hours. Any of the following ailments contracted by an employe within 12 months previous to date of disablement and due to the nature of process described by the bill, are listed as occupational diseases; Anthrax, glanders, infection, epithelioma, cancer, compressed air illness, and poisoning from mercury, lead, phosphorus, arsenic, benzol, gasoline, carbon bisulphide, carbon dioxide, wood alcohol, brass or zinc.

Women and Industry

Report on Health Work in Seventeen Metal Trades Establishments

The Consumers' League has undertaken to follow up the recommendations made by the Survey in Part VII as regards Women and Industry. In March, 1922, a representative of that organization began an inquiry as to what steps have been taken for the bettering of health conditions for women in metal trade establishments. Only a limited time has been available for this work, but the following statement containing information from 17 establishments which employ 1417 girls, indicates the importance of this study. The study will be continued as time permits. Inquiry was conducted along the following lines:

Health (suitable clothing, shoes; physical examination of men and women; efforts to eliminate hazards of accident and illness; seating; couches).

Wages (guaranteed minimum for piece-work).

Employment (efforts to make it regular; night work for women).

Five establishments require uniforms, none require sensible shoes, although eleven suggest them in various ways—by posters, individual talks, etc. Seven require physical examination; four a partial examination and three a complete examination. Two have undertaken this work since 1920 and in one plant physical examinations are being seriously considered. None of the people interviewed gave the recommendations of the Survey as the reason for these steps, but at least the recommendations are proven in line with the general tendency. Thirteen have dispensaries, two a doctor on full time and thirteen a doctor on part time. Twelve have nurses in the factory, and in nine plants the nurse makes home visits for sickness.

Each of the seventeen establishments have done something in the way of providing special guards or safer machinery. For instance, one plant has recently installed machines requiring both hands to start operation, thus doing away with the possibility of a girl putting one hand down on a dangerous place and starting the machinery with the other. In this instance it was the Workmen's Compensation law and the Safety First campaign in addition to the recommendations of the Survey that caused this very alert attitude toward safety devices.

Seven plants employ an oculist, four a dentist and four do X-ray work. One nurse explained that it used to be possible to see at least one girl losing an hour with the toothache or slowing up at her machine because of pain, but now in that plant, since the employment of a dentist, toothache is almost unheard of

Four plants only have an emergency kit in lieu of a dispensary but only one seemed satisfied with this equipment. The others are planning new buildings or extra room as soon as business improves and hope then to have a dispensary. All seventeen provide chairs, although here again there is great divergence in the kind of chair. Most of the plants spoke of the difficulty in getting girls to take kindly to a new chair. One plant had chairs on tracks so that girls could tend several machines and not have to walk.

Twelve provide couches for resting at noon. Nine guaranteed piece workers a minimum daily rate. None make any effort to have employment regular and all either had lay-off periods for all workers during the past year, or had reduced their force, or both. Only two have night work. The reasons for not having it varied somewhat. Most employers were agreed it does not pay.

Two give health talks and three use health posters.

While there has been no tremendous forward step taken in health work in these factories, the fact that during a depression period when all concerns would be expected to cut to rock bottom, and when many did eliminate departments started during the war, those that had any degree of health work started were maintaining it, would seem to argue that health work pays. What advance there was, was in the direction of physical examinations for applicants, and repeated examinations for employes.

Many of the people interviewed two years ago had not seen the recommendations until the investigator visited them. The majority however, were eager to go over the recommendations and felt that they were along the lines in which health work must progress. While one man told the investigator to forget a Survey two years ago, most of the people interviewed felt that it was most valuable to check up and see that changes had been made for the better because all realized that the recommendations came out of the experience of their own and similar plants.

Laundries

The Sanitary Code now requires licensing of all laundries and gives the Division of Health supervision over them. Finances somewhat limit administration of this ordinance.

Industrial Commission Inspectors

There has been no increase in the number of women inspectors assigned to Cleveland as suggested by the Survey. The Consumers' League, however, locally and in other parts of the State, is agitating on this subject and will urge the Legislature to make provisions for this purpose.

Children and Industry

1. Recommended Amendments to the Ohio State Child Labor Law.

Age Requirements

> "The employment of boys before they are 16 years of age should be forbidden. Age and schooling certificates should be required of all boys under 18 years of age at work. This makes the age requirement for boys and girls the same."

By provision in the new school code (just passed this Legislature) compulsory school age should mean 6 to 18 years of age and schooling certificates (sec. 7766)

> "may be issued only by the superintendent of schools . . . and only upon satisfactory proof that the child to whom the certificate issued . . . is over 16 years of age."

This provision continues compulsory education for boys up to the age of 18, instead of allowing them to discontinue at 16, and raises the year they may go to work from 15 to 16, thus making the age requirement for boys and girls the same.

> "In all cases in the law where an 'age and schooling certificate' is mentioned, the law should be changed to read 'age, schooling and health certificate,' inasmuch as the health certificate received by the child going to work is one of the most important factors to be considered in certifying a child for employment."

Recommendation not effected in this form in State law, but is in effect in Cleveland.

2. Recommended Amendments to the Ohio School Code.

Educational Requirements.

> "Girls 16 to 18 years of age are not now required to continue school if not employed. The law should be amended to include this requirement and to make similar requirement for boys 16 to 18 years of age."

By provisions in the new school code, as indicated above, the recommendation that both boys and girls between the ages of 16 and 18 should be in school or at work has been effected.

Health Certificate.

> "The section of the law relating to a health certificate for a child going to work should be changed. In no case should a child receive a certificate based on a previous record of the child's health. A thorough medical examination, made by a qualified physician, should be the requisite for every health certificate issued. These certificates should be issued in such a manner and for such periods of time as to insure periodical examination of children over the two years from 16 to 18, or while they are employed on a certificate basis."

These recommendations are practically effected. An attempt was made to provide in the new school code for re-examination by a physician 6 months and 12 months and 24 months after the issuance of the first certificate, but the provision was later struck out. Certificates (in Cleveland) are based on a thorough medical examination. Periodic re-examination is required of under-weight children.

> "Every health certificate should be issued for the specific job for which the child makes application for a permit."

"This recommendation has been effected. Every certificate is now issued for the specific job, for which the child makes application.

By provisions in the new School Code, a "limited" health certificate may be issued to a child whose physical fitness to enter any occupation open to one of his or her age cannot be vouched for, but who may be fit to be employed in some particular occupation. The age and schooling certificate then for this child is legal for only that occupation indicated. This affects in part, at least, the recommendation that "every health certificate should be issued for the specific job for which the child makes application for a permit."

> "There should be included a provision for an adequate force of examiners and assistants, for the work of examinations and necessary follow-up."

This recommendation has been gradually effected. Every child who applies for a working permit is carefully examined by the school physician and in case of any disability is directed to have the defect remedied at once. If the child does not return within a week with the defects corrected, an officer is sent after him to see that he returns at once to show reason for the delay. This follow-up is continued until the defects are corrected. Unfortunately, if the child reaches the age at which he is not required to have a permit, before the defects can be corrected, he escapes. Clinic cases are followed up carefully and a high percentage of corrections are now being made.

Pledge of Employer

> "Added to this section of the law should be a clause requiring that the promise signed by the employer specify the exact nature of the work which the child is required or permitted to do."

Recommendation effected, in that the job is named on the certificate.

Agricultural Work and Domestic Service

> "Not now included by the Ohio Child Labor Law in the occupations under its supervision
>
> There should be an age limitation of at least 12 for these occupations and a limitation of hours of work, similar to those limitations in hours of work in other occupations. A health certificate should be required of every child . . ."

Under New School Code an age and schooling certificate is required for agricultural and domestic work. Between the years of 14 to 16 special permits may be granted for Saturday work and vacation work during the school year. Parents wishing to employ their children must file age and schooling certificate.

By the provision of the new School Code, Irregular Service is interpreted to mean "service not forbidden by federal child labor laws which (a) does not involve confinement, (b) does not require continual physical strain, (c) is interrupted with rest or recreation periods and (d) does not require more than four hours of work in any day or twenty-four hours in any week. (a) and (b) are to be determined by the health commissioner of the district."

3. The City Ordinance regulating street trades should be enforced, pending the inclusion of these trades in the State Child Labor Law.

Recommendations not yet affected; efforts at both, however, have been made.

II. Recommendations re Existing Departments, State or Local

1. *"Enforcement of the State Child Labor Law is under the direction of the Industrial Commission of Ohio."*

The law is not at the present time adequately enforced. Methods of work should be improved and the personnel for inspection increased in order to eliminate the illegal employment of children, the extent of which the findings of this study indicate.

Staff of the State Factory inspectors detailed to enforce Child Labor Law not yet increased. Board of Education follows up illegal work with employers. Consumers' League co-operates with Industrial Commission.

2. *Enforcement of the State School Law is Similarly Inadequate.*

It is under the direction of the Board of Education. The number of School Attendance officers should be increased and the organization of the attendance department and the Work Certificate Office revised. The School census maintained by another department of the Board of Education should be more closely related to the Department of Attendance, to aid in the work of checking up the attendance of children, and especially those of working age.

In Cleveland the number of school attendance officers has been increased to 30. The school census department and attendance departments have been combined and reorganized.

3. *Medical Examination for Work Certificates.*

The present organization is under the direction of the Department of Medical Inspection of the Board of Education. It needs to be considerably expanded and its working force increased. Health standards for children going into industry should be formulated, patterned after those soon to be issued by the Federal Children's Bureau Committee on Health Standards for Children in Industry. One of its functions still to be developed, should be sufficient contact with the industrial field to assure familiarity with the jobs open to children in order that the examining physicians may be able to decide intelligently as to the desirability of the different kinds of work for the various children examined.

In Cleveland the Health Standards suggested have been adopted and a practical knowledge of different kinds of work built up in the department. One full time physician and assistant are now the staff. Next year there will be psychological tests.

4. *Mental Examinations for Work Certificates.*

There is at present no means of determining the mental capacities of children wishing to go to work, other then the school record, which is too brief to furnish any information except the fact that the child has completed the required school grade, except in the case of children who have been known in school as markedly subnormal. There should be in close relation to the work of medical examination for health certificates, facilities by which to determine more accurately the mental capacities of children wishing to work, in order to aid in the selection of employment for them.

In Cleveland, the Board of Education is giving tests to all children known to be subnormal. But it does not do it for all children because employment is not yet part of the educational system.

5. *Educational Training.*

More educational preparation for the transition from school to industry is necessary. It is not within the province of a health survey to make specific recommendations as to how this shall be done, but the Board of Education or the State educational authorities should give this question careful consideration in the near future, and make provision for more effective industrial education. In particular the Board of Education should provide at once for systematic and thorough health instruction in the grammar grades. Knowledge of the elements of hygiene and sanitation is essential to the child entering industry as well as knowledge of the character of the health hazards which he will encounter in industry.

In Cleveland, Health instruction is being given in hygiene, sanitation, community civics, and vocational information on conditions of work, opportunity for advancement, salaries, etc. By the new School Code, Boards of Education may establish continuation schools but are not compelled to do so.

6. *Junior Employment.*

The junior employment work at present under the direction of the Public Employment Bureau should be carried on in more direct connection with that department of the Board of Education having supervision of all children going to work, in order to have unified control and direction, making contradiction of purpose impossible. Until such time as it is possible to effect this consolidation, it is recommended that the relation between the departments be made close and direct, in order that the opinion of those examining the child applying for a work certificate may direct the efforts of the employment bureau in finding suitable employment for the child.

In Cleveland, most children already have their job when they apply for their age and schooling certificate. If they have not, they are referred to the employment bureau.

7. *Attendance Department*

Plans have been made recently to enlarge and extend the functions of the Attendance Department of the Board of Education. Sufficient prominence should be given to the medical and mental examinations in all questions relating to the issuance of work certificates and to vocational guidance, as the medical and mental examinations, properly conducted, give unequaled opportunity to make adjustment between the law and individual variation in capacity and physical development. More dependence should be placed on the results of careful examinations of children in deciding as to their employment in various occupations, thus lessening hardship or unfairness in individual cases.

In Cleveland, this work is already well established and under way. Every reasonable effort is made to adjust the child to his job, and plans are now under way for systematic follow-up work.

EDUCATION AND PRACTICE IN MEDICINE, DENTISTRY, PHARMACY

PART VIII.

Medical Education

Dr. Emerson's recommendations concerning medical education and practice were considered by the Faculty of the School of Medicine of Western Reserve University shortly after publication. Reference will be made to only a few of them here.

Representation of the alumni and the Medical School on the board of trustees is now an accomplished fact.

Erection of the medical school buildings is going ahead in accordance with plans largely determined before the Survey was made.

Discontinuance of formal affiliations with hospitals other than City, Lakeside, Maternity and Babies' Dispensary is considered inadvisable at the present time. The dispensary work of the junior class is almost entirely conducted at St. Vincent's Charity Hospital and other important teaching is undertaken there which cannot be carried on elsewhere.

Recommendations for a board of trustees for City Hospital, as submitted by the advisory committee of that institution, were approved with the suggestion that the trustees of the Medical School add their influence to the promotion of this plan.

With respect to the suggestion that a department for the training of physicians in the field of industrial hygiene be established, the following statement was placed on record by the faculty:

> "The professor of hygiene believes that the most practical way to carry out instruction in industrial hygiene is to make it a part of a general series of courses which may lead to a degree or certificate either in industrial hygiene or in public health."

Endorsement was given to the proposal that trustees of the University encourage and give active support to the new undertaking of the medical faculty in the field of medical education for graduate physicians and also to the proposal that the Hospital Council take an active interest in increasing the performance of post mortem examinations in the hospitals. The graduate course for physicians and surgeons was continued in May and June, 1921, and also in 1922, indicating that it has become a permanent course.

One important change in the curriculum in 1921 was the addition of the department of military sciences and tactics for first and second year students, the third and fourth years to be added gradually. Completion of the course leads to a commission in the medical officers reserve corps.

Dentistry

The Ohio State Legislature in May, 1921, legalized the practice of dental hygiene. The law became effective August 15th, 1921.

Annual registration of dentists has been discussed but has not met with enthusiasm on the part of the rank and file of the profession. There is a growing sentiment in favor of annual county registration of licensed dentists.

The Faculty of the College of Dentistry of Western Reserve University has appointed a committee for the purpose of considering the development of a school for the training of dental hygienists in connection with the College of Dentistry and will make their recommendations to the Trustees who will have final authority in this matter.

The University has purchased the lot next South of and adjacent to the present Dental School property, which makes it possible to increase the floor space when necessary. It is expected that upon the removal of the Medical School from East Ninth Street to the University Campus, the Dental School building will be relieved to a certain extent.

The University in May, 1921, purchased from the Research Institute of the National Dental Association its library; to which have been added certain contributions of books, etc., all of which have been catalogued and made available for the Dental School. The number of volumes in the library at the end of December, 1921 was 929. The value placed on these volumes is $2525.00. An adequate library for the Dental School now seems a certainty with this excellent foundation.

It is understood that the obligations originally held against the Dental School have all been assumed by the University so that no individual or commercial interest has a lien upon the Dental School.

The Dental Surgical service at Mt. Sinai Hospital has been increased in the following manner:

Instead of two dentists there are now three dentists on the Dental Surgery Staff. Two chairs are in use instead of one.

In addition, this hospital has added two dentists, one senior and one junior in prophylaxis. Each of these operators renders three hours service per week for out-patients.

In addition, Mt. Sinai Hospital has established a department for replacement work for patients for whom the dental surgery department is operated. This service will be rendered two mornings each week. There are two seniors and two juniors in prosthesis.

A further expansion consists of three days per week for scheduled out-patient cases in oral surgery under general anaesthesia.

Arrangement has been made so that teeth may be extracted under the same anaesthetic used for the removal of tonsils and adenoids.

Patent Medicines

While the Survey recommendations on this subject are rather generally approved, very little has been accomplished so far toward carrying them out. Some steps have been taken to bring about a co-operative effort on the part of the Division of Health, the Better Business Commission and the Academy of Medicine, as regards patent medicine advertising, but this movement is still in its infancy. There has been very little united action against various kinds of drug selling, house to house vending and general movement against fraudulent patent medicine. It is stated that "the advertising situation has grown steadily worse in Cleveland." It is the opinion of many who have been close to this situation that an educational campaign on this subject for the benefit of the public is greatly needed.

The last General Assembly enacted one law which has more or less relation to the patent medicine situation directly. The State Board of Pharmacy has been given authority to regulate and control within certain limitations the selling and general handling of poisons. Additional legislation, however, is needed.

Pharmacy

The Survey recommendations have proved of value to the School of Pharmacy. Coming at a time when the activities of the school were in a state of transition, they gave new stimulus to plans already under way, especially those having to do with its development in relation to the University, its entrance requirements and standards and its relation to the community at large. Another practical result has been a close co-operation between the School and the Hospital Council for purposes of education, manufacturing and purchasing of pharmaceutical supplies. In these respects the Dean of the School of Pharmacy is authority for the statement that the "Survey rendered a real public service."

The School of Pharmacy is now located on the University Campus in reasonably satisfactory quarters. There has been expansion and improvement in both physical plant and teaching personnel. This relocation and the changes incidental to it, has made the school a more definite part of the educational system of a great university.

Manufacturing and Professional Services for Hospitals

For these purposes the hospitals have become definitely affiliated with the School of Pharmacy through the Hospital Council of which they are members. The School has gradually been equipping a laboratory for the manufacture of pharmaceutical supplies. Some manufacturing has already been done. A special Treasury decision has made it possible for the school to secure tax-free alcohol to use in the manufacture of medicinal preparations for charitable hospitals. One of the faculty of the School of Pharmacy spends two days a week at the office of the Hospital Council. All pharmacy requisitions are referred to him. Medicinal preparations and other pharmaceutical supplies which can be made at the school are ordered there. Other supplies are purchased by the same buyer direct from supply houses. This co-operative arrangement has already resulted in a considerable saving of money and with the new equipment now being added the possibilities should be far reaching. In spite of the fact that the experiment for the past year has been on a very limited basis, the buying has increased from $200 to $1500 per month. A full time buyer is planned for 1923.

The services of the School of Pharmacy to the hospitals are developing along lines not fully anticipated. Representatives of the school are visiting the hospitals and discussing pharmacy problems with the pharmacist, the physician or the nurse as the case may be. They are assisting in the organization and arrangement of some of the hospital pharmacies. They are manufacturing special formulae for hospitals and experimenting upon other formulae endeavoring to perfect them so they will give the effect expected. If any product such as soft soap or a medicinal product of any kind is needed for a given purpose, samples are submitted, proper tests and analyses made to determine its fitness.

On the educational side it is expected that the hospital pharmacies will furnish opportunity for practical experience for pharmacy students. As fast as students are available it is expected that internships will be provided in the larger hospitals for senior students. Other arrangements will be made for the utilization of students in pharmacies of smaller hospitals having no pharmacists. Under both these arrangements the students will work under supervision.

NURSING
PART IX.

Hospital Training Schools for Nurses

Notable improvements were made in a number of the hospital training schools while the Survey was in progress and many of the following steps have been taken in direct response to the Survey:

City Hospital—Appointment of a new advisory committee for the School for nurses; appointment of a new principal for the training school under whose direction great strides have been made in improved nursing care of patients and nursing education.

Fairview Park Hospital—Appointment of a supervisor of nurses and a special teacher for the training school. New living accommodations for nurses.

Affiliation with St. Ann's Hospital for training of nurses in obstetrics.

Grace Hospital—Affiliation with St. Ann's Hospital for three month's nurse training in obstetrics. Supervisor of nurses added to the staff. New living quarters for nurses and improved equipment.

Huron Road Hospital—Many changes and improvements in the training school for nurses in organization and courses of instruction; increase in the number of graduate nurses on night duty.

Lakewood Hospital—Appointment of a training school committee and full time instructress of nurses; improvement in courses of instruction, both theoretical and practical; increased number of nurses; improved living quarters for nurses; eight hour day and ten hour night duty.

Lakeside Hospital—Enlargement in the scope of the training school work by increased courses of study and by enlargement of the opportunities for instruction.

Mount Sinai Hospital—Affiliation with City Hospital for training of nurses in care of communicable diseases. Addition of new equipment to the training school.

Maternity Hospital—Fifteen months special course in nurse training discontinued, the hospital now being responsible for a full three year's course; the first and second years given at City Hospital and the third being devoted to a unique training in obstetrical work.

St. Ann's Maternity Hospital—Provides obstetrical training for nurses from St. Alexis, St. Johns, St. Vincents Charity, Fairview Park and Grace Hospitals. Improvement in and continuation of its special fifteen months course of training.

St. Johns Hospital—Full high school education required as entrance to school; adoption of eight hour day for nurses; appointment of new instructress; improvement in diet instruction.

St. Vincents Charity Hospital—Two instructors added to the teaching staff; complete equipment placed in every ward; eight weeks training for student nurses in dispensary and social service departments; complete chemical laboratory installed with a chemist in charge. A central diet kitchen fitted up in which a thorough scientific training is given by the dietitian.

Division of Health

In discussing the scope of the work of the nursing service of the Division of Health, the Survey says,

> "The nursing service of the Division of Health covers a wide range of activities including every form of public health nursing coming within the range of any municipal health department's functions, and many more than are usually undertaken by municipalities. It now maintains eight branches of public health nursing, as follows: Prevention of communicable diseases; tuberculosis; infant hygiene; prevention of blindness; regulation of midwifery; supervision of boarding homes for babies; prenatal nursing; school nursing in parochial schools. These services were maintained as separate departments, each with its own staff of nurses, until 1917 when the separate staffs were combined into one; the field was divided into smaller districts and each nurse assigned a district and held responsible for all kinds of work within that district. Cleveland is to be congratulated on its advanced stand in thus adopting a generalized municipal nursing system."

The Survey feels that the performance of nursing service does not equal its ideals, namely: because it has not increased its staff sufficiently to take care of the ever increasing volume of work. The majority of its shortcomings can be placed at the door of insufficiency of numbers. The rest are due to a top heavy plan of management and insufficient supervision.

The Survey recognizes the financial limitations which handicaps the development of the nursing service but at the same time recommends a wider expansion of activities—an impossible step at this time. The Health Commissioner agrees with some of the critical statements made of the municipal nursing service. Many of the difficulties incidental to supervision have been remedied. He is also of the opinion that the centralized organization proposed by the Survey, headed by a director of nurses, would not result in any great improvement if it were at all financially possible to carry it out; nor does he believe it wise to consider setting apart a health center as an extension district for initiating new projects at this time.

The Commissioner believes that the central public health nursing committee has a great opportunity in relation to the service of the Division of Health through its improved organization, referred to elsewhere, and the subcommittees appointed to meet some of the nursing questions mentioned by the Survey.

Central Committee on Public Health Nursing

As a result of consultation with the Health Commissioner and the Public Health Nursing service of the Division of Health, in regard to certain of the recommendations as they affect that service, the Central Committee on Public Health Nursing has—

Accepted the new and enlarged functions implied in the Survey recommendations.

Recommended its own enlargement by adding to its membership representatives from all organizations closely related to public health nursing or doing a certain amount of public health work.

Authorized the appointment of subcommittees for research and consideration of special public health nursing problems; these subcommittees to report constantly to the central committee.

The Committee will also—

Co-ordinate all nursing agencies of the city and obtain agreement among them as to the functions to be performed.

Review all plans for new projects or for modification of current programs of participating agencies and create several subcommittees for research and consideration of special professional problems.

The University Public Health Nursing District

The teaching staff has been increased by one instructor who is serving in the capacity of assistant director and is in charge of clinics.

The number of students has not been increased, and it is doubtful if the teaching staff could take care of, at one time, more than five students each. Neither does each student get the individual attention that she is entitled to, if an instructor has more than five. More students will require more instructors, or an instructor for every five students.

University District could not attempt all of the post-partum work in the district whether of Western Reserve Maternity Hospital or of a city wide plan for maternity service without aid from some organization to care for the excess work. Since changing the district boundaries January 1, 1922, it has not been possible to carry the maternity work for private physicians, although it is hoped to do so soon with the aid of the Visiting Nurse Association.

Preventive work has been thoroughly done three times a year or every fourth month and some of it oftener depending however on the number of students. Through the new center at 2573 East 55th Street, it is hoped that families can be reached in other ways as well as by personal visiting and that a plan can be reached whereby more mass instruction can be given.

The press has not been used for educational purposes within the possibilities offered.

The Visiting Nurse Association

The work has been extended to a marked degree, but not by any special advertising. Publicity has been secured by posters explaining the pay service. These were distributed at factories, libraries, schools, etc.

The full pay service has been increased to $1.00 a vist but does not yet cover the cost.

At a conference of representatives of the Maternity Hospital, Univer-

sity District, The Visiting Nurse Association and other organizations, it was decided that for the present at least the Maternity Hospital was the best fitted to take the responsibility of carrying on and extending the prenatal and obstetrical work in Cleveland.

After several meetings with the Maternity Hospital when the suggestions of the Survey were thoughtfully considered, the Visiting Nurse Association declared itself unprepared to assume the responsibility of the Maternity work for the city; furthermore it expressed a willingness to co-operate for future development with Maternity Hospital, which in the past has demonstrated its ability.

Already the work has been started, the two organizations working in a common dispensary, giving prenatal, post-partum and clinical assistance in a large district.

Economic conditions have prevented expanding night maternity service. Fee raised to $10 January 1, 1922, which meets the cost.

Efforts are being made to reach sick babies and tuberculous patients through the pay service; also to make arrangements with hospitals to refer patients needing nursing care when discharged and dispensary patients needing similar care.

More attention is being paid to the health of the family and teaching hygiene in the home.

The staff has been increased from 28 to 37 nurses during the past year; four more are to be added soon. One supervisor has been added, leaving only one district with more than 10 nurses to a supervisor. One automobile has been donated for the use of Superintendent and Associates. Sub-stations have been provided and nurses' reporting time taken care of. Pilgrim District has become a part of West District and the nurse under that supervisor reporting once daily. Each nurse has her own district, which is designated by a number. She keeps her own day book and is responsible for it and the monthly report for that district. Supervision in field increased. Supervisor's office work reduced as much as possible. Effort is being made to spend one-half day in district with nurse. Nurses are attending Associated Charities District meetings. A weekly round table for discussion is held as often as possible. Record of source of calls is being kept.

DEPARTMENT OF NURSING EDUCATION WESTERN RESERVE UNIVERSITY

The Department of Nursing Education, organized this fall (1921) in the College for Women, Western Reserve University, was created for the purpose of increasing and improving the opportunities for nursing education in this city by utilizing all the agencies in the community that can contribute anything of value. Many studies conducted in various cities have demonstrated quite conclusively that while the hospital training must ever remain the keystone of our educational structure, all the educational and social agencies in the community, and even the industries of such a city as Cleveland, offer invaluable opportunities for the education of the nurse.

The problem of improving the opportunities for nursing education

necessitates provision for three groups of students, and some plan for standardization of the educational experience offered the students by the various Hospital Schools of Nursing that intend to affiliate with the University, and expect to have their work recognized in terms of academic credit.

The Department of Nursing Education is attempting to work out plans for three groups of students.

Five-Year Course for College Students

The aim of this course is to give the student in her first two years an introduction to the general cultural subjects which are considered fundamental in any college training, (English, history, language, etc.) to give her a good foundation in the sciences, and to have her share in all the social and cultural opportunities of college life. Through talks and excursions she is introduced to the various branches of nursing, and gets a fairly concrete idea of the field of work she is about to enter.

The third and fourth years are devoted to fundamental professional training in any of the hospital training schools of Cleveland which comply with the Standards set by the University. During this time the student is in residence at the hospital. The subjects of study deal with causes and nursing care of the various diseases, and a fairly large proportion of the student's time is spent in practical work in the departments of the hospital. Here she becomes acquainted with all types of patients and all varieties of disease, and gains the skill, observation and judgment necessary for meeting the practical demands of her profession. Where the hospital is not able to provide the necessary practice in any branch, the student is sent to special hospitals for this experience.

The fifth year is largely elective, the student electing some one of the many branches of nursing in which she is interested and devoting herself to the theoretical and practical work required for that branch. If she is interested in teaching or supervisory work in hospitals she receives her practical experience in the hospital. If she wants to enter general Public Health Nursing work, she gets her practical experience in connection with the University Public Health Nursing District and the various institutions in and about Cleveland. If she wants to prepare for industrial nursing, baby welfare, school nursing, or any other special branch of public health nursing it is hoped that the industries of Cleveland, the Babies' Dispensary, the Public Schools, etc., will co-operate and make such electives possible. In any case a fairly large proportion of the student's fifth year is spent at the College for Women, where all her theoretical work is given.

She may live at the college, in her own home, or in some cases, at the hospital. At the end of this time she graduates with her Diploma of Nursing from the hospital and her Bachelor of Science degree from the University.

Three-Year Course for Central School Students

It is recognized that the larger group of students will probably continue to enter the Hospital Schools direct, and for the benefit of such students it is planned to have all the science classes and as many other classes as possible taught in a central place under the supervision of the University,

and to have the work of such grade that the University shall recognize it by giving a definite amount of credit for it.

Courses for Graduate Nurses

Nurses, like teachers, are coming to recognize that their professional ideals require "continual growth," that even the best preparation possible for a life work is only a beginning, and, as the years pass it will be necessary to seek further inspiration and education in order to keep abreast of the times. The Department of Nursing Education is therefore preparing to offer courses designed to meet the needs of nurses who have been in active work, and who are seeking to advance in their own special field or possibly to change from one type of nursing work to another.

Standards

In order that the educational experience offered in the different hospitals shall be comparable and of equal value, certain "Standards" are being worked out. These standards are based on the Nursing Report of the Cleveland Hospital and Health Survey.

There is abundant evidence that for more than twelve years a group of interested lay people and a group of nurses have worked together to bring about a School of Nursing connected with the University. It is probable that the Survey findings and report gave an added impetus to this plan as the recommendations are in accord with the ideals formulated by this group.

The Department of Nursing Education represents the beginning of what it is hoped will develop into a "University School of Nursing," such as is outlined and recommended in the Nursing report of the Survey. As the Department has only been in existence since last September it is quite too early to compare the beginnings and tentative efforts with the detailed recommendations of the Survey. However, it is true that a survey or study of existing conditions is fundamental to such a piece of work as co-ordinating the educational opportunities offered by the University, the hospitals, and the various social agencies of Cleveland, and the fact that such a study had been made has been an inestimable help. The report is a mine of valuable information and consequently serves as a source and reference book.

HOSPITALS AND DISPENSARIES
PART X.

Organization to Carry Out Plans

The Survey concluded its extensive report on hospitals and dispensaries with suggestions for organization to carry out plans. It is pointed out that little practical result will be obtained in planning for hospitals and dispensaries of the community as a whole, unless there is community organization of the right sort. Community functions and organization are classified in two groups; those under public auspices (municipal and state) and those under private auspices. The latter includes those affiliated as members of the Welfare Federation and the Hospital Council. Some of their activities are here described.

Cleveland Welfare Federation

Hospitals

A full-time accountant has been added to the staff of the Welfare Federation who has devoted practically his entire time to the improvement and standardization of proper accounting systems in the hospitals which are members of the Welfare Federation. His work has been closely co-ordinated with the audit by Public Accountants which the Welfare Federation provides for all its members. Specific accomplishments along this line during the years 1920 and 1921, are as follows:

New uniform accounting systems have been placed in Fairview Park, Grace, Huron Road, Maternity, Rainbow, St. Alexis, St. Ann's Maternity, St. John's, St. Luke's, St. Vincent's Charity and Woman's Hospitals.

The system has also been largely applied to the accounts of Lakeside and Lakewood Hospitals and is about to be installed at Glenville Hospital. The chart of accounts used in this system is a modification of the one used by the larger hospitals of New York City.

Satisfactory financial and service reports are being received from the hospitals each month by the Welfare Federation. The statistics yielded by these are tabulated and charted each month and are used for budget planning and comparative studies of hospital performance. In many instances the form of report sent to the Welfare Federation is also sent to the individual boards of trustees.

The Welfare Federation accountant for hospitals has visited each hospital at least once every three or four weeks to give advice and render any service that may be desired in the maintenance of the accounting system.

All hospitals now have bookkeepers who have at least some working knowledge of accounting.

Dispensaries

During the year 1920 there were six dispensaries connected with the following hospitals which are members of the Hospital Council: Huron Road, Lakeside, Maternity, Mt. Sinai, St. Luke's and St. Vincent's Charity.

The entire expense amounted to $102,376.28. In 1921 St. Alexis and Lakewood opened their dispensaries. There was $147,613.54 expended during 1921 for the work of the eight dispensaries. On February 27, 1922, Fairview Park Hospital opened a dispensary to the public and Grace Hospital followed later in the year. There is $206,725 budgeted for ten dispensaries in 1922.

The figures given above do not include the Babies' Dispensary nor the Dispensary opened in East Cleveland by the East Cleveland Welfare Association which became a member of the Welfare Federation in July 1921.

Service statistics for the above named hospitals show a gradual increase during 1920 and 1921. The comparative figures for the two entire years are as follows:

	New Patients	Re-visits	Total Visits
1920—Six Dispensaries (Huron Road, Lakeside, Maternity, Mt. Sinai, St. Luke's and St. Vincent's Charity Hospitals)	33,282	161,365	194,647
1921—Same Six Dispensaries	37,052	172,581	209,633
1921—Nine Dispensaries (Lakewood, St. Alexis and Woman's Hospitals added during year)	39,225	174,901	214,126

Publicity Service

While there has been no special publicity service established to interpret the work of the hospitals to the public, the Publicity Department of the Federation and the Community Fund has been active in securing and creating publicity for hospital and dispensary work of distinct news or feature value. It has also co-operated with such institutions in initiating movements to promote publicity. For example, the opening of the new Social Diasease Clinic at Mt. Sinai and of the Mental Disease Clinic or Neurological Department at Lakeside gave the department not only new stories but follow-up material. The department was particularly active in publicity work incidental to the campaign for the City Hospital bond issue. It has secured publicity for nursing and health agencies as well. Reduced to monetary value on an estimate which is known to the newspapers as their "charity rate" of advertising, a fair estimate of strictly hospital and dispensary publicity is at least $5000.

Mention should of course be made of the publicity that has been secured through other means. The following is from a statement on this subject by the Director of Publicity:

> "For instance, we must mention the Speakers' Bureau, which is a part of our year-round publicity department. Here it is a comparatively easy matter to get across to the public hospital costs, hospital service, etc. Hospitals and the work done by them and why they are able to render a 50 per cent part-pay service and a 25 per cent free service—such material comprises one of the best "selling talks" used by platform speakers, and such statistics were given freely during the Community Fund campaign. Hospital and dispensary work too, because of its common and general appeal, was made the chief motif in our last Community Fund film, "Suppose Nobody Cared."

The Cleveland Hospital Council

Committee on Dispensaries

This committee has been appointed and includes in its membership, representatives of some of the hospitals which have an out-patient department as well as a representative of the Division of Health and the Academy of Medicine. It has been organized on a temporary basis, the Director of the Hospital Council serving as Secretary of the Committee. Its purpose is to improve dispensary standards, formulate policies and plan dispensary development. The report of its activities can be referred to briefly. In 1921 the Committee met frequently and gave careful consideration to the Survey report, paragraph by paragraph, leading up to the recommendations. A detailed report of its study has been prepared by the Committee and approved by the Board of Trustees of the Hospital Council. It suggests practical lines of procedure for the Committee which will be followed in due season.

The Survey suggested that the committee act in an advisory capacity for the Welfare Federation. It has endeavored to do so. Recommendations relative to the organization, development and budgets of both Fairview Park and Grace Hospital Dispensaries were made to the Federation. As noted above, both of these dispensaries have been opened and are operating along the lines suggested by this committee.

Centralized Collection of Hospital Accounts

The Council has expanded its service by the addition of a Collection Department which began work in August 1921. The basis of its plan of operation is a co-operative combination of well known principles of hospital social service and business organization and procedure. The central agency recognizes hospital social service principles, applies them in the business of collection and endeavors to eliminate the customary commercial phases of the professional collection agencies. It does not assume the social service functions of the individual hospitals. The department urges the development of existing social service departments and the opening of new departments as needed. It considers financial investigations as properly a part of the social service investigations made by such department and emphasizes the fact that the time to discover the patient's ability to pay is when admitted to or while in the hospital. The social service department of the individual hospital must do this; the central collection agency cannot and does not. The department seeks to:

1. Collect "collectable" accounts at the lowest cost.

2. Prevent "Current" accounts from becoming "dead" accounts and reduce to a minimum amounts charged off as "accounts uncollectable."

3. Fix the status of every account within six months as "collectable" "uncollectable" or "collected."

4. Reduce amounts to be charged off to a minimum every six months.

The department began operations on a commission basis and borrowed money. Its work developed rapidly. Having paid its own way and produced such satisfactory results, the Welfare Federation took the point of view that such a common service to the hospitals should be financed by the Community Fund and it has been financed on this basis since March, 1922. Collections for the first six months of 1922 amounted to $15,000 and undoubtedly will reach $30,000 for the year, at a very low cost.

Many far reaching results have come from this service in the improvement of the admitting systems in some of the hospitals. More extensive inquiries are made upon the admission of patients as to their ability to pay; new record systems have been adopted. In addition, some of the hospitals are following up their accounts more systematically before sending them to the Collection Department. There will be expansion of service, arrangements being under way for handling all industrial accounts through the central agency.

Centralized Purchasing

The activities of the Purchasing Department have been continued and developed on an improved basis. The volume of business from the hospitals is increasing. There has been some extension of this service to other institutions. A full time meat buyer has been employed and meat is now purchased on standard specifications. Purchasing of pharmaceutical supplies has been referred to elsewhere. Special attention has been given to the purchase of canned fruit and vegetables. The total purchases for all institutions for the first six months of 1922 was $329,000. Comparisons of 1922 with other periods are interesting:

	1920	1921	1922 (6 months)
Purchases for Hospitals	$366,000	$489,000	$300,272
Purchases for all institutions	386,000	584,000	322,700

It is expected that the total actual purchases for 1922 will be in excess of $700,000. Actual purchases, however, do not represent the most important services rendered. Advice and information on market conditions, special purchases, the preparation of contracts, etc., cannot be estimated in cash value. The Council is a member of the Hospital Bureau of Standards and Supplies of New York, which membership has proven of special value to the members of the Council.

Numerous other practical suggestions made by the Survey have engaged the time and efforts of the Council such as, the proposal to establish a central repair department, a central sewing and gauze room, an insurance investigation, county aid to hospitals and the proposal that hospitals and dispensaries be required to obtain licenses. Reference should be made to the last two.

Licensing of Hospitals

The Hospital Council has drafted a licensing proposal for introduction in the State Legislature and an ordinance for the licensing of hospitals and dispensaries in Cleveland, for introduction in the City Council. Many practical difficulties have been encountered. There is a difference of opinion among hospital people as to the wisdom of attempting to have such legislation enacted at this time. There is a feeling that the Bureau of Hospitals of the State Department of Health should be operated longer under the present laws before being given the added authority and responsibility incidental to the licensing of hospitals and dispensaries. Attention is here called to the most excellent report recently issued by this bureau containing information concerning hospital and dispensary resources of this great state with certain suggestions for new activities.

County Aid to Hospitals

The Survey suggested that County subsidies for hospitals be employed only as a temporary expedient. The Hospital Council is especially active in this matter. The last Legislature amended the law on this subject and after numerous conferences with County Commissioners, it was believed that county aid would be forth-coming. An opinion of the Attorney General, however, with respect to the administration of the law, imposed such residential limitations as to make its effect practically useless.

Cleveland's Need for Additional Hospital Beds

After a rather detailed study of the hospital situation, the Survey concluded that there was a shortage of 1500 hospital beds in Cleveland in 1920; that work of existing hospitals has been unduly limited, because of this shortage, to urgent surgical and maternity cases, and that medical and special work, particularly for children, has not been provided for in any adequate measure. Of the 3500 beds, then available, 2700 were provided for by privately supported hospitals and 800 by the city. Of the 1500 beds needed the Survey recommended that 800 be provided for by private funds and 700 be provided by the city. This did not include the 300 beds suggested for chronic cases at Warrensville. (Reference is made to this conclusion in the foreword.) The following steps toward providing additional hospital facilities have been taken:

City Hospital: With funds made available by the passage of the $3,500,000 bond issue and about $450,000 remaining from a previous hospital bond issue, a general medical and surgical building which is about completed with provisions for 600 beds, 75 of which are for children; an addition to the contagious disease hospital providing 96 beds which are now available and a psychopathic hospital with accommodations for 170 beds. This should be available early next year. From the proceeds of this bond issue, $50,000 was spent in improving the so-called old General Hospital building and a wing was added to the nurses' home providing accommodations for 75 more nurses.

Lutheran Hospital has just completed its new building with 80 beds available at this time for general medical and surgical and obstetrical cases and for children. In another year 100 beds should be available and eventually 150.

There have been increases in bed capacity averaging from 25 to 30 at Huron Road, Glenville, St. Luke's, Woman's, Charity and St. Alexis hospitals.

University Medical School Hospital Group

Contracts for the Medical School buildings on the University site have been let and work is already under way. It is expected that hospital buildings will be added in the following order: Babies' Hospital, 100 beds; Maternity Hospital, 150 beds; new Lakeside Hospital, 500 beds.

Care of Convalescents

The Harkness estate covering 210 acres at the mouth of the Chagrin River in Willoughby, together with a sum of money which will cover the cost of remodeling the house on that site, has been donated to Lakeside Hospital and accepted by the Board of Trustees, to be used as a Convalescent Hospital. A committee has been appointed to consider the methods of handling and the matter has been taken up with Rainbow Hospital, Children's Fresh Air Camp and other institutions which should use it as a convalescent home and the committee now has under consideration plans for remodeling and reorganization. The Welfare Federation has been asked for funds to help support this project, but it seemed advisable to let the matter wait for another year. When this project can go forward it may

well prove the first step in dealing with the convalescent problem in Cleveland as a unit and as suggested by the Survey.

Activities of Individual Hospitals

The Survey made reports with recommendations to the trustees of each hospital. In this report it is possible to refer only briefly to a few of the progressive steps that have been taken by the hospitals since the Survey and some of which are the direct result of the Survey.

Babies' Dispensary and Hospital—A change of the age limit of patients to fourteen years; increased teaching of nurses and doctors; a clinic for the treatment of tuberculosis and rickets.

City Hospital—Use of the hospital facilities by affiliation with Lakeside, Mount Sinai, Glenville, Huron Road ,Maternity and Lakewood Hospitals, as well as several out of town hospitals, for purposes of nurse training.

Fairview Park Hospital—Regular staff meetings; employment of a full time technician; improved laboratory and X-ray equipment; opened new dispensary with social worker and general medical and surgical services; special services in throat, eye and nervous diseases to be added later.

Glenville Hospital—Increase in hospital capacity to one hundred beds; affiliation with City Hospital for nurse training; employment of a full time technician and part-time pathologist.

Grace Hospital—New laboratory and X-ray equipment; improved case records; new dispensary with general medical and surgical service and social worker.

Huron Road Hospital—Regular monthly meetings of the Board of Trustees; creation of a medical executive committee; improvement in keeping clinical records; improvement in the dispensary organization and social service work.

Lakewood Hospital—Organization of a staff with a chief of staff; monthly meetings of the staff; improvement in record system; organization of a dispensary staff.

Lakeside Hospital—Adoption of new constitution and by-laws designed to bring about a closer working relationship between the trustees and the various hospital executives; appointment of a full time dispensary executive; appointment of a chief for each dispensary clinic; appointment of a dispensary executive committee; provision of dispensary facilities for the care of neurological cases, diabetes, goiter and surgical dressings.

Mount Sinai Hospital—Reorganization of medical clinic to include treatment of cardiovascular, neurological, and gastro-intestinal cases.

Maternity Hospital—Carrying on and advancing prenatal and obstetrical work; working in co-operation with the Visiting Nurse Association in a common dispensary and giving prenatal, delivery and postpartum care in a large district. Recognition of the institution by the American Medical Association as a hospital for special intern training.

Provident Hospital—Change in organization to a charitable corporation; addition of a maternity department; structural improvement in building.

Rainbow Hospital—Location of a town office in the orthopedic center; employment of a resident pediatric specialist; admits patients from all hospitals.

St. Ann's Hospital—Appointment of an advisory board; installation of record forms recommended by the American College of Surgeons; recognition by the American Medical Association as an institution for special intern training; improvement in policies for care of young children which have the approval of the Board of State Charities. The representative of the Board of State Charities says, "We now have, for the first time in the State, the beginning of a well defined technique for infant care in institutions of this type."

St. Alexis Hospital—Appointment of an advisory board; installation of well equipped pathological laboratory and X-ray department; compliance with the requirements of the American College of Surgeons in the care of records; improvement in house staff organization; recognition by the American Medical Association as an approved institution for training interns; many improvements in plant and equipment.

St. John's Hospital—Formation of medical executive committee; monthly staff meetings; development of department of internal medicine, enlargement of intern staff; improvement of record system and laboratory facilities; appointment of dietitian and assistant.

St. Luke's Hospital—Reorganization of medical staff; establishment of a large and well equipped out-patient department with trained social service staff; improvement in hospital laboratory equipment and facilities for scientific investigation and research; enlargement of the children's department to twenty beds. Sixty "open ward beds."

St. Vincent's Charity Hospital—Appointment of an advisory board; organization of staff in the departments in accordance with the requirements of the American College of Surgeons; addition of medical ward for children; improvement in records and filing systems; dental clinic.

Woman's Hospital—Creation of a staff executive committee and unification of hospital and dispensary staff; adoption of standard regulations recommended by the American College of Surgeons; improvement in laboratory and X-ray service; appointment of full time technician.

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